

# Child Care Licensing Regulations



AFTERSCHOOL CHILD  
CARE PROGRAMS

AGENCY OF HUMAN SERVICES  
DEPARTMENT FOR CHILDREN & FAMILIES



## **Licensing Regulations for Afterschool Child Care Programs**

**Effective Date: January 1, 2016**

### **FOREWORD**

Child Care Licensing Regulations govern child care facilities and programs in the State of Vermont. These rules are minimum requirements established to protect the health and safety of Vermont's children in out-of-home care and ensure that children in child care programs in Vermont are provided with wholesome growth and educational experiences.

This revision of Children's Day Care Licensing Regulations for School Age Care, (October 1996), hereafter known as Licensing Regulations for Afterschool Child Care Programs, was developed over a period of three years by individuals with expertise in the area of child care, afterschool child care programming, and education. The individuals included Afterschool Child Care Program directors and administrators responsible for direct services to children and families; Staff from Vermont Department for Children and Families, Child Development Division (CDD); Vermont Agency of Education; and Vermont Department of Health. The CDD is responsible to develop, review and monitor child care licensing in Vermont, and CDD Staff are grateful for extensive input and support from Vermont Afterschool, Inc. Vermont Afterschool Inc. is a public-private statewide partnership dedicated to supporting and sustaining innovative learning opportunities that extend beyond the school day for all Vermont's children and youth.

Revisions to the rules reflect an understanding of current scientific evidence related to how children learn and develop. The rules also reflect child care program practices that impact health, safety and well-being of school age children. They incorporate changes in the organization of Vermont state agencies responsible for licensing and monitoring; changes in applicable legislation and regulations from other related governing entities; the use of information technology in government and program administration; and the evolving system of early childhood and afterschool services in Vermont.

The format and organization of the rules was significantly revised to create a document intended to be clear, consistent and user-friendly. Changes in the final version of the rules were made based on public comments received during the promulgation process resulting in some regulations being deleted or moved.

The Interagency Committee on Administrative Rules (ICAR) and the Legislative Committee on Administrative Rules (LCAR) approved these rules in a process pursuant to 3 V.S.A. § 25 Administrative procedures.

It is the intent of the Department for Children and Families, Child Development Division in the Vermont Agency of Human Services that licensing requirements are clear, reasonable, fair and enforceable and keep children and their families at the center of our concern.

In the interests of serving the public, comments on the rules are welcomed at any time and will be considered for future revisions or the development of new requirements. Comments can be made on our website: [http://dcf.vermont.gov/cdd/child\\_care\\_licensing](http://dcf.vermont.gov/cdd/child_care_licensing)

## MISSION

*The mission of the Child Development Division is to improve the well-being of Vermont's children. We do this through partnerships with families, communities, schools, providers and state and federal agencies that increase access to high-quality, sustainable, child development services.*

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**Important note:** When referring to a specific rule in these regulations, a complete reference will include abbreviated program type, section and rule. For example, “ASP 6.1” is the appropriate reference for Afterschool Child Care Program Regulations, Section 6, Regulation 1.

## **ASP SECTION 1 – LAWS THAT GOVERN LICENSURE**

- 1.1 These regulations will go into effect for all Afterschool Child Care Programs with a current license on January 1, 2016 and for all Afterschool Child Care Program initial applications for licensure received on or after January 1, 2016. Current Staff will be required to meet Staff qualifications in these rules as of January 1, 2017. All Staff hired after January 1, 2016 shall meet the qualifications stated in these rules at the time of hire. These regulations amend and replace Children’s Day Care Licensing Regulations for School Age Care (October 7, 1996).
- 1.2 **Legal Authority to Regulate Service:**  
The legal basis for these regulations is found in 33 V.S.A. § 306(b)(1) and 3502.
- 1.3 **Purpose:**  
The purpose of these regulations is for the protection and promotion of the health, safety, well-being and positive growth and development of children who receive services in Afterschool Child Care Programs in community based centers or schools. These regulations reflect the baseline or minimum standards for child care programs licensed in Vermont. All licensed programs shall have the option of exceeding the regulations set by the Department for Children and Families.
- 1.4 **Definition of Regulated Service:**  
An Afterschool Child Care Program provides developmentally appropriate care, education, protection, and supervision that are designed to ensure wholesome growth and educational experiences for children outside of their own homes for periods of less than 24 hours per day. An Afterschool Child Care Program is any place operated as a business or service on a regular or continuous basis, whether or not for compensation. This child care service is provided by an entity or person other than the child’s own parent, guardian or relative.

1.5 Exemptions:

The following facilities shall be exempt from licensure under 33 V.S.A. § 3502(b):

- 1.5.a. A person providing care for children of not more than two families other than that of the person providing the care.
- 1.5.b. A hospital or establishment holding a license issued by the Department of Health, or a person operating a program primarily for recreational or therapeutic purposes, unless the hospital, establishment or person provides services for the care, protection and supervision of children not incidental to its primary purpose in which case subsection (a) shall apply to those non-incidental additional services.
- 1.5.c. Child care facilities operated by religious organizations for the care and supervision of children during or in connection with religious services or church sponsored activities.
- 1.5.d. An Afterschool Child Care Program that serves students in one or more grades from kindergarten through secondary school that receives funding through the 21st Century Community Learning Centers program, and that is overseen by the Agency of Education, unless the Afterschool Child Care Program asks to participate in the Child Care Financial Assistance Program.

## **ASP SECTION 2 - DEFINITIONS**

For purposes of these regulations, words and phrases shall have their common meaning unless otherwise defined here.

- 2.1 ADMINISTRATIVE REVIEW – A review of an action taken by the Division by the Commissioner or designee. Also referred to as a Commissioner’s Review.
- 2.2 AFTERSCHOOL ACTIVITY SPECIALIST – A person who participates in or contributes to the program curriculum on a short-term basis, no more than thirteen consecutive weeks, to lead single special subject instruction or demonstration, and is not considered a regular member of the program Staff. An Afterschool Activity Specialist does not count in staff/child ratios and shall not be left alone with children.
- 2.3 AFTERSCHOOL CHILD CARE PROGRAM ADMINISTRATOR – An Afterschool Child Care Program Administrator is responsible for the overall management of the program in accordance with these regulations. A Program Administrator supervises multiple Staff and may provide direct care to children. When providing direct care, a Program Administrator may also serve as the Site Director and count in staff/child ratios.

- 2.4 AFTERSCHOOL CHILD CARE PROGRAM – A program licensed by the Division whose services are designed to provide school age children (see definition of School Age Child) with developmentally appropriate experiences before school, after school, and during school vacations.
- 2.5 AFTERSCHOOL CHILD CARE PROGRAM STAFF – Afterschool Child Care Program Staff implements programming for children. He/she may supervise other Staff. An Afterschool Child Care Program Staff person counts in staff/child ratios.
- 2.6 AFTERSCHOOL SITE DIRECTOR – An Afterschool Site Director is present on site at the program, responsible for compliance with regulations on a day-to-day basis, and supervises multiple Staff and may provide direct care to children. An Afterschool Site Director counts in staff/child ratios when providing direct care to children.
- 2.7 AIDE – An Aide is sixteen-years or older who assists in the implementation of the program under the supervision of Afterschool Child Care Program Staff. An Aide may be counted in staff/child ratios. Aides ages sixteen and seventeen shall not be out of eye-sight or ear shot of an Afterschool Child Care Program Staff person.
- 2.8 APPLICATION – The official documentation required by the Division which, when completed and signed by the applicant, is a request for a child care license.
- 2.9 CHILD – Person who has not yet reached the age of sixteen years.
- 2.10 CHILD CARE – The developmentally appropriate care, protection and supervision of children which is designed to ensure wholesome growth and educational experiences in a child care facility outside of children’s homes for periods of less than twenty-four hours a day.
- 2.11 CHILD WITH SPECIAL NEEDS – A person under the age of nineteen years of age who is eligible for special education services in accordance with an Individualized Education Plan (IEP), Individualized Family Support Plan (IFSP), or 504 Plan and who is not capable of safely caring for him/herself; or (b) A person who is age thirteen or older who has a documented physical, emotional, or behavioral condition that precludes the person from providing self-care or being left unsupervised, as verified by the written report of a physician, licensed psychologist, or court records.
- 2.12 CLEANING – The removal of all dirt and debris by scrubbing and washing with a detergent solution and usually rinsing with water.

- 2.13 COMMISSIONER – Commissioner of the Department for Children and Families or his/her designee.
- 2.14 CONDITIONS OF THE LICENSE – Requirements that shall be met in order to retain a license.
- 2.15 CONFIDENTIALITY – The protection of personal information from persons who are not authorized to see or hear it.
- 2.16 CORPORAL PUNISHMENT – The intentional infliction of pain by any means for the purpose of punishment, correction, discipline, instruction or any other reason.
- 2.17 CURRICULUM – A planned set of activities and experiences consistent with the developmental needs of school age children.
- 2.18 DEPARTMENT – The Vermont Department for Children and Families (DCF).
- 2.19 DEVELOPMENTALLY APPROPRIATE – Activities and interactions that recognize and address each child’s needs, interests and abilities following predictable stages that affect physical, emotional, social, and cognitive growth of children and youth.
- 2.20 DISCIPLINE – see GUIDANCE.
- 2.21 DISINFECTING – To destroy or inactivate most germs on objects or surfaces. Disinfecting is appropriate for non-porous surfaces that will not be in contact with food or be mouthed by children.
- 2.22 DIVISION – The Vermont Department for Children and Families (DCF), Child Development Division (CDD).
- 2.23 FACILITY – The physical location, indoor and outdoor, where the Afterschool Child Care Program operates as a business or service on a regular or continuous basis whether for compensation or not.
- 2.24 FALL ZONE – The surface under which a child could be expected to land under and around a play structure or climbing equipment. May also be referred to as USE ZONE.
- 2.25 GROUP – The number of children who meet together regularly, who can be identified with one another as being distinct from the larger population of children present, and are assigned to a consistent Staff member or team of Staff members.

- 2.26 GUIDANCE – A developmentally appropriate process of guiding children to develop internal, self-regulating, and pro-social behavior through supportive, consistent use of strategies including modeling appropriate behavior, praise, active listening, setting limits, re-directing and modifying the environment.
- 2.27 HIGHER EDUCATION COURSE – A three-credit course or equivalent from an accredited academic institution which could apply toward acquiring a post-secondary degree and/or other professional development.
- 2.28 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP) – A written personalized plan that includes assessment of core knowledge and skills specific to working in an Afterschool Child Care Program, a self-assessment, a defined timeline with a description of strategies, and resources to address professional plans and goals.
- 2.29 KINDERGARTEN – A one-year educational program designed to meet the needs of children who will attend first grade the following school year.
- 2.30 LICENSE – An official document which certifies that a Licensee has been granted permission by the State of Vermont to operate an Afterschool Child Care Program in accordance with the laws and regulations of the Department.
- 2.31 LICENSED PROGRAM SPACE – Division approved indoor and outdoor areas where children may be present.
- 2.32 LICENSEE – The person, corporation or other legal entity named on the license certificate who has received permission to operate a child care program and is responsible for maintaining compliance with these regulations.
- 2.33 NORTHERN LIGHTS CAREER DEVELOPMENT CENTER (NLCDC) – A resource for early childhood and afterschool professionals that offers information about IPDP's, credentials, and other professional development opportunities.
- 2.34 PARENT – Parent means a birth or adoptive parent, legal guardian, foster parent, or any other person having responsibility for, or legal custody of, a child.
- 2.35 PARENTAL NOTIFICATION LETTER (PNL) – A written notification from the Licensee to the parent(s), sent by mail, as required by 33 V.S.A. § 306(7) indicating that a serious violation has been identified by the Division.

- 2.36 PROFESSIONAL DEVELOPMENT ACTIVITY – Interactive activities based on adult learning principles which have clear learning objectives and are used to structure and assess the effectiveness of the professional development activity for the participants. When participants apply the new knowledge and skills learned in the professional development activity while working with children, their families, and the programs they attend, there is professional growth and development.
- 2.37 PROGRAM – All activities related to the provision of child care services.
- 2.38 RATIO – Refers to the maximum number of Staff and children in a group setting.
- 2.39 RECORD CHECK AUTHORIZATION – The authority given by statute to obtain from the Vermont Crime Information Center and from the Vermont Child Protection Registry the record of convictions or substantiations of any person to the extent the Commissioner has determined that such information is necessary to regulate a facility or individual subject to regulation by the Department.
- 2.40 REVOCATION – The Division’s formal act of invalidating a license to operate an Afterschool Child Care Program.
- 2.41 SANITIZING – To reduce germs on objects or surfaces to levels considered safe by public health codes. Sanitizing is appropriate for surfaces that are in contact with food or anything that children may place in their mouths.
- 2.42 SCHOOL AGE CHILD – A child who is five years of age or older and currently attending kindergarten or has completed kindergarten or a higher grade.
- 2.43 SCHOOL-BASED PROGRAM – A program operated by or in partnership with a public school and on school property.
- 2.44 SERIOUS VIOLATION – A violation of group size or of Staffing requirements, or a series of violations which immediately imperils the health, safety or well-being of children. Serious violations may also include corporal punishment, lack of supervision, physical or sexual abuse, or violations of health and safety requirements.
- 2.45 SPECIAL NEEDS – see CHILD WITH SPECIAL NEEDS.
- 2.46 SPECIALIZED CHILD CARE – Child care provided by registered or licensed child care providers serving particular populations of high needs children and their families. This includes children involved with the Family Services Division, those with special physical,

behavioral or developmental needs, or families experiencing significant short-term stress. A Specialized Child Care Provider is required to maintain a high quality, inclusive program, comply with all regulations, and obtain additional annual training in topics relevant to serving specialized needs of children or families. Specialized Child Care Providers provide the level of care necessary to meet the individualized needs of enrolled children.

- 2.47 STAFF – Persons who have direct responsibilities for the program’s operation and the health, safety, education and well-being of children, including Afterschool Administrator, Site Director, Program Staff, and Afterschool Aides counted in the staff/child ratio including Substitutes.
- 2.48 SUBSTITUTE – An individual at least eighteen years of age performing duties of an absent Staff member on a temporary basis. Substitutes who have worked more than thirty days annually in the program are required to comply with the minimum requirements for the position they are filling. This individual has no set contract or schedule with the employer.
- 2.49 SUPERVISION OF CHILDREN – The knowledge of and accounting for the activity and whereabouts of each child in care and the proximity of Staff to children at all times ensuring immediate intervention of Staff to safeguard a child from harm.
- 2.50 SUPERVISION OF STAFF AND VOLUNTEERS – Performing monitoring and evaluation of Staff that includes the observation of Staff interaction with children, implementation of curriculum, adherence to program policies and procedures, and adherence to requirements established in these regulations.
- 2.51 SUSPENSION – The Department’s formal act of immediately suspending or closing an Afterschool Child Care Program’s license to operate due to the immediate imperilment of the health, safety or well-being of a child.
- 2.52 TERMS OF THE LICENSE – The location, number and ages of children, hours and days of operation, expiration date and any other conditions or limitations listed on the license certificate.
- 2.53 VARIANCE – A Division approved exception to a regulation.
- 2.54 VOLUNTEER – An unpaid person who assists with children but may not be alone with children nor count in the staff/child ratio. A volunteer who comes in more than three times per year is required to have a record check.

- 2.55 YOUTH VOLUNTEER OR LEADERS-IN-TRAINING – A person who is in the age range of thirteen to seventeen years of age and present at the program for a specific program purpose and directly supervised by Staff at all times. This person is not counted in the staff/child ratio.
- 2.55.a. For sixteen and seventeen year-olds, supervision is in a ratio of one adult Staff for each volunteer and they do not count as a child in the staff/child ratio.
  - 2.55.b. For thirteen, fourteen, and fifteen year olds, no more than 3 may be present when in a structured leadership training program and they do count as a child in the staff/child ratio.

### **ASP SECTION 3 - RESPONSIBILITIES OF THE LICENSEE**

- 3.1 The Licensee shall be responsible for compliance with all state and federal laws pertaining to the safety and well-being of children in licensed care.
- 3.2 The number of children served by the Afterschool Child Care Program at any one time shall not exceed the maximum number of children stated on the License certificate.
- 3.3 The Licensee shall ensure that children are only present in space that has been approved for occupancy by the Division from the licensing application during the program hours of operation.
- 3.4 The Licensee shall not alter or tamper with the License certificate or cause another to alter or tamper with the License certificate.
- 3.5 This regulation has been intentionally deleted.
- 3.6 The Licensee shall notify the Division within 5 business days of any change or vacancy of the Site Director position. If this position is not filled within 5 business days of the vacancy, the Licensee shall submit a written plan for interim coverage to the Division. A qualified replacement or interim plan approved by the Division shall be in place within thirty days from the date the position became vacant.
- 3.7 There shall be a telephone, in working order, on the premises for incoming and outgoing calls. The phone number for the Afterschool Child Care Program shall be known to the parents and the Division. The use of answering machines, voice mail, and cell phones is permitted only when fully operational, located where they can be heard by Staff and checked at least every fifteen minutes.

- 3.8 The following emergency telephone numbers and information shall be posted near the telephone:
- 911, with address and directions to facility
  - Poison Control Center
  - Vermont's Child Protection Line to report suspicions of child abuse and neglect
  - Child Development Division
- 3.9 The following contact numbers shall be near the telephone and immediately available to Staff:
- parents' home, work, and cell phone numbers
  - two emergency contacts for each child other than the child's parents
  - child's health care provider and dentist (if any)
- 3.10 Parents shall have unlimited access without delay to their children whenever such children are in the care of the Afterschool Child Care Program.
- 3.11 A child shall be released only to persons authorized by the parent/guardian, except under the following circumstances:
- 3.11.a. when a child is transported home by the program, there shall be a written and signed agreement between the parent and the program regarding the transportation and drop-off of the child by the program.
  - 3.11.b. when an emergency request is made by a parent for the child to be picked up by someone not listed in the child's file, there shall be a system to verify the identity of both the parent caller and the person authorized to pick up the child. Staff shall document in writing emergency calls and information regarding the identity of the person authorized to pick up the child.
  - 3.11.c. a parent may choose to provide written, signed authorization instructing the program to release the child on her/his own at a specific time and date(s).
- 3.12 Any person shall be prohibited from the facility when her/his presence or behavior disrupts the program, distracts the Staff from their responsibilities, intimidates or promotes fear among the children, or when there is reason to believe that her/his actions or behavior will present risk of harm to the children in the program.
- 3.13 The Afterschool Administrator or Site Director shall obtain written parental permission prior to making professional referrals.
- 3.14 This regulation has been intentionally deleted.

- 3.15 A person who has a license to operate a child care facility shall not operate a family child care home. A person who operates a family child care home shall not operate a child care facility.

## **ASP SECTION 4 - POLICIES, PROCEDURES, RECORDS AND REPORTS**

- 4.1 All records, reports, and documentation required by these regulations related to the Afterschool Child Care Program shall be maintained in an up-to-date manner by the Licensee and are subject to inspection by and/or surrender to the Department during regular program hours or upon request by a Department representative. All documentation shall be maintained for one year.
- 4.2 A complete file for each enrolled child including youth Volunteers or leaders-in-training who are 13, 14, or 15 year olds shall be available on site, be updated annually, and, contain the following documentation in either hard copy or accessible and printable electronic format:
- completed child's registration form which is signed and dated by the parent or legal guardian
  - child's complete name and birth date
  - full name of parent(s), address(es) and home and daytime (if applicable) telephone numbers
  - any legal documents necessary to define custodial rights or legal guardianship of the child
  - name, address, and home and daytime telephone numbers of two persons to contact in an emergency if a parent cannot be reached
  - name and telephone number of child's health care providers, including dentist, if any
  - description of child's health history, current medications, allergies, special dietary requirements and other identified special need(s)
  - dated copies of any accident, illness or injury reports
  - signed permission by parent to authorize:
    - i. emergency medical care
    - ii. field trips and associated transportation (if provided)
    - iii. persons who can remove child from program, including telephone numbers
- 4.3 A child shall be admitted in an Afterschool Child Care Program when there is on file on the premises, either in hard copy or accessible and printable electronic format:
- the immunization form which shall attest that the child has been immunized in accordance with the schedule of immunization determined by the Vermont

Department of Health or

- there shall be a statement signed by the parent and/or physician which attests that:
  - i. the child has not been immunized because the immunization is medically contraindicated or
  - ii. the child has not been immunized because to do so would interfere with the free exercise of the child's or the family's moral or religious beliefs or
  - iii. the child has been immunized according to the schedule except for specifically named immunizations listed in the statement or
  - iv. these immunizations will be given within a reasonable stated period of time
- a child shall not receive care at the program facility after the stated period of time has lapsed unless there is a written statement that attests to compliance with one of the options listed in Regulation 4.3.

4.4 Daily attendance records for each child shall include the time children arrive and depart for each day the program is open and the date shall be noted on each page. These records shall be maintained by the Licensee for a period of at least twelve months.

4.5 Programs shall implement a system that documents the whereabouts of each child in attendance at all times.

4.6 When a child is no longer enrolled, the date of the child's withdrawal shall be recorded in the child's file and noted on the attendance record. Upon request of a parent, the file shall be given to the parent within 5 business days. Otherwise, the child's enrollment file shall be maintained by the Licensee for a period of at least twelve months from the child's last date of attendance. After twelve months the file may be destroyed or returned to the parent. The child's file shall be made available for review by the child's parents during this period.

4.7 The following written information shall be provided to parents, prospective parents and Staff; for example, in a handbook or other format such as website access:

- typical daily schedule
- check-in and check-out attendance procedures
- pick-up/drop-off policies; including releasing of children to authorized persons
- description of the Afterschool Child Care Program which identifies the philosophy on goals for children and families
- description of religious activities, if any
- schedule of fees and payment plans
- statement allowing parental access to the facility, their child's records and the Staff

- explanation of program confidentiality policies
- a policy regarding inclusion and exclusion of ill children in the Afterschool Child Care Program
- policies related to the inclusion of children with special needs and disabilities
- policy regarding the reporting of suspected child abuse and/or neglect
- policies for reporting a missing child
- description of how to access and view these regulations and Division Afterschool Child Care Program information at: <http://dcf.vermont.gov/cdd>
- requirements for maintaining accurate and up-to-date immunization records
- offsite activity (field trip) policies
- if offered, swimming activities policies
- parent involvement opportunities
- no smoking policy
- relevant information about the program's Emergency Response Plan including communication and meeting site information
- policy regarding excluding persons whose presence is prohibited by these regulations
- policy regarding use of pesticides as part of a least toxic integrated pest management policy
- information concerning complaint procedures regarding the welfare of children and the Child Care Consumer Line telephone number

4.8 The Staff training plan shall ensure that the following information and procedures are reviewed with each Staff member:

- record keeping, including daily attendance procedures
- daily communication with parents about their child's activities
- storage and administration of medications
- guidelines for volunteers
- Emergency Response Plan and emergency procedures to include: staffing emergencies; school closings; evacuation plans such as site evacuations in case of national or environmental emergency; lock-down procedures; responding to a sick or injured child and medical emergencies
- off-site activities (field trips)
- child guidance
- curriculum development policies and responsibilities
- staffing plans and definition of related duties, including opening and closing procedures
- employee complaint and grievance procedures
- policies for reporting a missing child
- Afterschool Child Care Program licensing regulations

## Reports and Notifications

- 4.9 Reports to the child's parent shall be made in the following circumstances:
- 4.9.a. for any incident where an injury or circumstance results in death or fatal injury of a child during the hours a child is in the Afterschool Child Care Program, the parent(s) shall be immediately notified.
  - 4.9.b. upon determination that a child may be lost or may have been abducted. The facility shall immediately notify the parent(s) of the child.
  - 4.9.c. for an incident regarding a child in an Afterschool Child Care Program who left the facility unattended or with an unauthorized person, the Licensee shall immediately notify the parent(s) and submit a written report in either hard-copy or printable, accessible electronic format to the child's parent within twenty-four hours describing the circumstances.
  - 4.9.d. any incident where a child sustains an injury during the hours the child is in the Afterschool Child Care Program that requires the services of a medical professional, including a dentist, the parent(s) shall immediately be notified and the Licensee shall submit to the child's parent(s) a written report describing the circumstances of the incident, either in hard-copy or printable, accessible electronic format, within twenty-four hours.
  - 4.9.e. any incident where a child is bitten by an animal while in attendance shall immediately be reported to the parent(s).
  - 4.9.f. when a child who is enrolled and expected in an Afterschool Child Care Program does not arrive as scheduled, and the parent has not informed the program of the child's absence, the parent or authorized person for the child shall be contacted immediately.
- 4.10 The Afterschool Child Care Program shall report to the Division:
- 4.10.a. Injury, illness or death of a child: The Afterschool Child Care Program shall make a timely report to the Division of any injury, illness or accident involving a child in care resulting in in-patient or out-patient medical or dental treatment or death. In the event of a death, a verbal report shall be made immediately followed by a written report within 24 hours. In the event of an injury, illness or accident resulting in in-patient or out-patient medical treatment, a verbal report shall be made within 48 hours and the written report shall be made within 5 business days.
  - 4.10.b. The Afterschool Child Care Program shall immediately report any incident where a child is bitten by an animal while in care of the Afterschool Child Care Program. A report shall be made to the Division and the State Public Health Veterinarian at the Vermont Department of Health within 24 hours of the incident.
  - 4.10.c. The Afterschool Child Care Program shall notify the Division in writing

within 48 hours of any fire in the Afterschool Child Care Program that required the use of a fire extinguisher and/or the services of a fire department.

- 4.10.d. When it is determined that a child in care is missing or has been abducted from the program, the Afterschool Child Care Program or Staff shall immediately notify the police, the child's parents and the Division.
- 4.10.e. Self-reported violations: If an incident or situation occurs in an Afterschool Child Care Program while children are in care that could be considered a Serious Violation as defined in rule 2.44 of these regulations, the Afterschool Child Care Program has a responsibility to self-report this to the Division within 24 hours of the incident. A complete report will include a description of the incident, what the Afterschool Child Care Program has done to verify the particulars of what occurred, and how the Afterschool Child Care Program has taken corrective action to ensure the safety and well-being of children and prevent a future Serious Violation. If such a report is received in a timely manner from an Afterschool Child Care Program with a history of consistent regulatory compliance, no child has been seriously injured or harmed as a result of the incident or situation, and the Afterschool Child Care Program has taken prompt and appropriate corrective action, the Commissioner or his or her designee may, on a case by case basis and at his or her discretion elect to issue a warning, rather than a violation related to that incident or situation.

4.11 This regulation has been intentionally deleted.

### **Legal Mandate to Prevent and Report Child Abuse and Neglect**

- 4.12 The Licensee shall report suspected child abuse or neglect to the Department within 24 hours.
- 4.13 The Licensee shall develop and implement a policy requiring all Staff to report suspected child abuse or neglect to the Department for Children and Families within 24 hours when there is reasonable cause to believe that a child has been abused or neglected.
- 4.14 The Licensee shall ensure that they and all Staff receive training and demonstrate understanding of their legal responsibilities regarding preventing and reporting suspected child abuse and neglect.
- 4.15 The Licensee shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation or take any other action detrimental to any Staff member because the Staff member filed a good faith report with the Department regarding suspicion of abuse or neglect of a child.

- 4.16 The Licensee shall comply with Act One (2009) which requires licensed child care facilities to ensure that all individuals working at the facility receive an orientation, based on materials recommended by the Agency of Human Services and the Agency of Education, on the prevention, identification, and mandatory reporting requirements of child abuse, including child sexual abuse, signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse in and close to the home, and other predatory behaviors of sex offenders.

## **ASP SECTION 5 - PERSONNEL: QUALIFICATIONS, STAFFING AND STAFF DEVELOPMENT**

### **Qualifications**

- 5.1 The **Afterschool Child Care Program Administrator** for an Afterschool Child Care Program or multiple numbers of Afterschool Child Care Programs for any number of children shall meet or exceed the following qualifications:
- 5.1.a. be at least eighteen years of age and
  - 5.1.b. possess a BA or BS and
  - 5.1.c. have one of the following:
    - at least twenty months of experience working directly with school age children or
    - Vermont Afterschool Professional Credential or
    - Vermont Program Director Credential or
    - Vermont Teacher Licensure or
    - Master's Degree in a youth-related field
- 5.2 The **Afterschool Site Director** for an Afterschool Child Care Program shall meet or exceed the following qualifications:
- 5.2.a. be at least eighteen years of age and
  - 5.2.b. possess a BA, BS or Associate's degree and
  - 5.2.c. have one of the following:
    - at least 10 months direct work experience with school age children or
    - Vermont On-The-Job Training certificate or
    - Vermont Afterschool Professional Credential or
    - Vermont Program Director Credential or
    - Vermont Teacher Licensure
    - Master's Degree in a youth-related field

- 5.3 **Afterschool Child Care Program Staff** shall meet or exceed the following qualifications:
- 5.3.a. be at least eighteen years of age and
  - 5.3.b. have a high school diploma or equivalent
- 5.4 **Afterschool Child Care Program Staff** that work in the Afterschool Child Care Program for one program year are required to have at least one of the following:
- 5.4.a. Vermont Afterschool Foundations Certificate or
  - 5.4.b. Vermont Afterschool Essentials Certificate or
  - 5.4.c. Vermont On-the-Job Training Certificate or
  - 5.4.d. Vermont Afterschool Professional Credential or
  - 5.4.e. Vermont Program Director Credential or
  - 5.4.f. Vermont Teacher Licensure or
  - 5.4.g. BA/BS or Associates degree
- 5.5 **An Afterschool Aide** that works in an Afterschool Child Care Program shall:
- 5.5.a. be sixteen years or older and
  - 5.5.b. be in eye-sight or ear shot of an Afterschool Child Care Program Staff when the Aide is sixteen or seventeen years of age. There shall be one adult Staff member over the age of eighteen assigned to supervise no more than two Afterschool Aides age of sixteen or older and
  - 5.5.c. work under the supervision of Afterschool Child Care Program Staff
- 5.6 **A Substitute** shall meet or exceed the following qualifications:
- 5.6.a. be at least eighteen years of age and
  - 5.6.b. if the person works more than thirty days in a twelve-month period, shall comply with the minimum requirements for any position they are filling.
- 5.7 **A Volunteer** shall meet or exceed the following requirements:
- 5.7.a. be a person sixteen years of age or older
  - 5.7.b. shall not be left alone with children other than his or her own.
- 5.8 **A Youth Volunteer or Leaders-in-Training** shall be thirteen through seventeen years old and in a structured leadership training program.
- 5.9 **An Afterschool Activities Specialist** shall:
- 5.9.a. be eighteen years or older or
  - 5.9.b. be sixteen or seventeen years old and work under the supervision of a Staff member and
  - 5.9.c. not be left alone with children.

- 5.10 Afterschool Administrators, Afterschool Site Directors, Afterschool Child Care Program Staff and Substitutes as defined in regulations shall be the only individuals who may be alone with children, other than the child's parent.
- 5.11 The Licensee shall ensure that no person who has contact with children shall have a history of child abuse or criminal activity that would disqualify them. All persons who have contact with children including Activity Specialists, Substitutes and Volunteers shall submit a completed record check form to the Department prior to working with children. The record check form shall include the name of the program, the person's full name and any other names used, date of birth, place of birth, home phone number, position at the program and start date with the program. The following persons may not provide care, reside at, be employed by or have contact with children at a licensed program:
- 5.11.a. persons convicted of fraud, a felony, or an offense involving violence or unlawful sexual activity or other bodily injury to another person including, but not limited to abuse, neglect or sexual activity with a child; or
  - 5.11.b. persons found by a court to have abused, neglected or mistreated a child, elderly or disabled person or animal; or
  - 5.11.c. adults or children who have had a report of abuse or neglect substantiated against them under 33 V.S.A. Chapters 49 & 69.
- 5.12 Persons prohibited in 5.11 above may be present at or employed in an Afterschool Child Care Program only when the Licensee and the person involved have obtained a variance from the Commissioner by submitting a written request supported by evidence that shows suitability or rehabilitation sufficient to warrant participation or presence in the program.
- 5.13 The Licensee shall ensure that all persons counted in staff/child ratio in the Afterschool Child Care Program are physically, mentally and emotionally capable of the responsibilities of working with children.
- 5.14 Job descriptions which outline the duties and responsibilities required for each position shall be developed. Each employee shall receive the written job description for the position they are filling. Job descriptions shall be maintained on site.
- 5.15 The person/position responsible for supervision and evaluation of each Staff position shall be identified in the job description for that position.

- 5.16 The Licensee shall maintain hard copy or accessible electronic records for each Staff person, including:
- start date
  - job title
  - record of education, training, and experience that demonstrates how the Staff member meets the required qualifications for the position
  - signed and dated statement(s) indicating that the employee has read and understands the Licensing Regulations for Afterschool Child Care Programs
  - current and dated Individual Professional Development Plan (IPDP)
  - a copy of the current First Aid and CPR training cards from either the American Red Cross or American Heart Association or other recognized organization(s)
  - a signed and dated statement verifying understanding of the legal requirement to report suspected child abuse or neglect.
- 5.17 In lieu of onsite Staff documentation for multi-site programs and school-operated programs, the Licensee shall maintain a legally notarized affidavit on site, signed by the qualified Afterschool Child Care Program Administrator, testifying that each Staff file contains all records required in Regulation 5.16 (see appendix D). The Licensee shall permit representatives of the Division to have full access to off-site records to verify documentation.

## **Staffing**

- 5.18 A Program Administrator or a designated Site Director shall be present at the program more than 50% of the time children are present.
- 5.19 The Licensee shall designate a qualified Afterschool Child Care Program Administrator responsible for the overall management of the program in accordance with these regulations. The Program Administrator may also serve as the Site Director.
- 5.20 A Program Administrator or Site Director shall designate an Afterschool Child Care Program Staff member to be responsible for program operation in the absence of the Site Director. The designated Afterschool Child Care Program Staff shall be able to maintain compliance to these regulations and have:
- 5.20.a. the ability to supervise children and Staff; and
  - 5.20.b. the ability to solely conduct an emergency drill.
- 5.21 At least one Staff person who holds a current CPR card in rescue breathing, and airway obstruction shall be present at all times.

- 5.22 The Licensee is required to maintain an accurate record of Staff schedules and assignments for all Staff including substitutes.
- 5.23 Staff members who have a contagious illness or who are incapacitated by illness, extreme fatigue, or any other condition(s) which limits their ability to work with children, shall not work until their condition has improved or after a medical authority has indicated that it is safe for them to work with children again.
- 5.24 All volunteers engaged with the program shall be directly supervised by adult Staff in a ratio of one to one for each volunteer. Volunteers **shall not be counted** in the staff/child ratio and shall not be left alone with children. No more than one volunteer shall be supervised at any given time by one adult Staff with the following exceptions:
- 5.24.a. Youth Volunteers or Leaders-in-Training who are sixteen or seventeen years of age present for a specific purpose at the program **shall not count** as a child in the staff/child ratio; and
  - 5.24.b. when the volunteer is thirteen, fourteen, or fifteen years of age, they **shall count** as a child in the adult to child ratio.

## **Staff Development**

- 5.25 Orientation training shall be conducted for every employee before they begin employment. This training shall be documented and shall cover material included in the Staff handbook and licensing regulations.
- 5.26 The Licensee shall ensure that all Staff are provided with annual opportunities for Professional Development consistent with each person's Individualized Professional Development Plan (IPDP).
- 5.27 All Staff shall have an Individual Professional Development Plan (IPDP) in place within 4 months of hire. IPDP's shall be updated annually.
- 5.28 The Program Administrator and the Site Director shall annually complete at least a minimum of twelve clock hours of Professional Development Activities which may be applied toward their Individual Professional Development Plan (IPDP) or equivalent excluding any additionally required training for Specialized Child Care or First Aid and CPR.
- 5.29 The Program Administrator or designee shall ensure a minimum of 8 hours of annual Professional Development Activities for new and returning Afterschool Child Care Program Staff related to the attainable goals defined in each Staff's Individual Professional Development Plan (IPDP). This training is in addition to any infant/child CPR certificate or recertification and First Aid training.

- 5.30 The Program Administrator or designee shall ensure a minimum of 4 hours of annual Professional Development Activities for new and returning Afterschool Aides related to the attainable goals defined in each Aide's Individual Professional Development Plan (IPDP).
- 5.31 At least two of the eight hours of required Staff training shall focus on the skills and competencies related to the ages or developmental stages of the children in the Afterschool Child Care Program Staff member's group.
- 5.32 The Director shall be responsible for obtaining appropriate training for Staff caring directly for children with special needs.
- 5.33 Within six months of hire, all paid Staff counted in the staff/child ratios shall have obtained CDD-approved training in basic first aid for children, injury prevention and emergency readiness. All Staff shall receive retraining in first aid prior to the expiration date on each Staff person's first aid card.
- 5.34 Before the expiration date on the card, training for First Aid and CPR shall be validated by the American Red Cross, American Heart Association or other equivalent, state-recognized organization, and the specific certification documentation maintained in the appropriate Afterschool Child Care Program Staff file.
- 5.35 Substitutes shall not be required to have first aid or CPR training if they are working within earshot of another Staff person who has taken the training and the first aid or CPR card has not expired.
- 5.36 The Division may determine whether additional training or technical assistance is needed in order to achieve compliance with these regulations. When such a determination is made, the training/technical assistance shall be completed prior to the re-issuance of future licenses.

## **ASP SECTION 6 - STAFF/CHILD RATIOS**

- 6.1 All children present at the Afterschool Child Care Program shall be included in determining the staff/child ratio.
- 6.2 The maximum number of children in an identified group shall be twenty six (26).
- 6.3 The staff/child ratio shall not exceed 1:13. When the number of children exceeds 10, another identified Staff person shall be available within immediate proximity on site in order to provide prompt assistance in the event of an emergency.

- 6.4 Each child is assigned to a consistent Staff member or team of Staff members responsible for supporting his or her physical, cognitive, social, and emotional growth and development.
- 6.5 Staff shall be counted in the staff/child ratio only when working directly with children.
- 6.6 If an Afterschool Aide is age sixteen or seventeen, the Aide shall not be out of eyesight or earshot of an on-duty Afterschool Child Care Program Staff, Site Director, or Program Administrator.

**ASP SECTION 7 - SUPERVISION OF CHILDREN**

- 7.1 Each child shall be supervised at all times by Staff as appropriate for the age of the child.
- 7.2 Children may be out of direct supervision within the confines of the licensed space for brief periods of time as outlined below, with Staff knowledge and permission. The chart below outlines the parameters and conditions for when a child may be out of direct supervision by Staff for short periods of time:

<b>Grades and Age Group</b>	<b>Buddy Requirement</b>	<b>Time Limit</b>
Grades K, 1, and 2	With a buddy in the same age group	For not more than 10 minutes
Grades 3, 4, and 5	With a buddy in the same age group	For not more than 10 minutes
Grades 6 and over	No buddy required	For not more than 10 minutes

- 7.3 The Staff person giving permission for children to use the buddy system shall ensure that the children have returned to the group before the stated time has elapsed.
- 7.4 After a child has checked into the program, under no circumstances shall a child exit the program unaccompanied by a parent or authorized person with the exception of a child who has written parental permission to exit the program on his or her own at a specified time.
- 7.5 This regulation has been intentionally deleted.
- 7.6 Outdoor play areas shall be under the supervision of Staff physically present and interacting with the children.

- 7.7 No person other than program Staff shall be left alone with children except when the child is with his or her parent or guardian.
- 7.8 Children shall be protected at all times from the harmful acts of other children.
- 7.9 When a child is not transported home by the program, there shall be visual contact with the parent or authorized person upon release of the child by the program's representative.

## **ASP SECTION 8 – CURRICULUM AND PROGRAM IMPLEMENTATION**

- 8.1 Developmentally appropriate activities shall be planned intentionally in advance to reflect the program's philosophy, goals for children and the varying needs of school age children.
- 8.2 The program curriculum shall provide for the following activities every day:
  - 8.2.a. inside and outside choices (weather permitting)
  - 8.2.b. quiet and active choices
  - 8.2.c. individual and group activities
  - 8.2.d. cognitive and physical opportunities
  - 8.2.e. child-initiated and Staff-directed activities
  - 8.2.f. activities that allow children to express themselves creatively: i.e. dramatic play, creative arts, etc.
- 8.3 Materials shall be varied, age-appropriate and available in sufficient quantity to meet the needs of children in the program.
- 8.4 Activities shall be aligned with the styles, abilities and interests of the children in the program.
- 8.5 Opportunities for children to offer input into the program activities shall be provided.
- 8.6 Each child shall be treated equally with regard to respect, consideration, and opportunity to take part in all developmentally appropriate activities.
- 8.7 An activity guide for the day/week related to the curriculum shall be posted in a conspicuous place or otherwise made available to parents.

- 8.8 Program Staff shall follow modifications in curriculum, environment, routine and emergency procedures related to enrolled children with special needs that shall be developed in consultation with the child's parents.
- 8.9 Unless integral to part of an enrichment or educational activity, screen time (the time spent watching television, playing video games, using computers including hand held devices and surfing the internet) shall:
- not exceed 2 hours per week
  - be in the presence of Staff
  - be designed for the age of the engaged children.
- 8.10 Written parental permission from all parents shall be required for each child to view PG-Rated movies shown in the program.
- 8.11 Program Staff shall provide a welcoming and supportive environment and engage children in positive ways. Staff shall:
- greet children as they arrive or at the start of the session
  - be available and responsive to children at all times
  - use a warm tone of voice and respectful language during activities
  - generally smile, use friendly gestures, and make eye contact during activities
  - consistently interact with children in positive ways (e.g., discuss or explain rules and limits, model positive affect, follow children's leads)
  - offer assistance to a child or group of children in ways that support social competence and initiative to encourage informed, responsible choices
  - explain and apply rules, expectations, and limits in a clear, positive and consistent manner
  - listen and respond to children in ways that encourage them to share experiences, ideas and feelings.
- 8.12 At least one adult shall sit with children during snacks and meals.
- 8.13 Staff shall not use profane language or make derogatory or humiliating remarks in the presence of children and families.
- 8.14 Staff shall not use electronic devices including cellphones for personal use when in ratio with children unless there is an emergency or to take photos.
- 8.15 Staff shall observe confidentiality in regard to child/family records and family information. Confidential conversations regarding children/families or collaborating agencies shall take place in private.

- 8.16 The Afterschool Child Care Program shall develop and implement a written plan to support two-way communication between Staff and parents.

## **ASP SECTION 9 - BEHAVIOR MANAGEMENT**

- 9.1 Staff shall use positive methods of guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem and cooperation including:
- redirection
  - planning ahead to prevent problems
  - reinforcing and praising appropriate behavior
  - encouraging children to express their feelings and ideas instead of solving problems with force.
- 9.2 No Staff, employee, volunteer or parent shall use corporal punishment or other forms of inappropriate discipline, such as, but not limited to:
- 9.2.a. hitting, shaking, biting, pinching
  - 9.2.b. restricting a child's movement through binding, tying or use of any other restraint
  - 9.2.c. withholding food, water, or toilet use
  - 9.2.d. confining a child in an enclosed or darkened area such as a closet or locked room
  - 9.2.e. inflicting mental or emotional punishment such as humiliating, shaming, threatening or frightening a child
  - 9.2.f. the intentional infliction of pain by any means for the purpose of punishment, correction, discipline, instruction or any other reason.
- 9.3 Staff shall positively model and set limits for children in areas of health, safety, and personal interactions.
- 9.4 Staff shall encourage and guide children to resolve their own conflicts.
- 9.5 The use of appropriate behavior management techniques does not prohibit Staff from using reasonable and necessary force to obtain possession of dangerous objects in the control of a child, for self-defense, or for the protection of persons or property.

## **ASP SECTION 10 - EMERGENCY PROCEDURES**

- 10.1 There shall be at least one readily available first aid kit wherever children are in care, including one for field trips and outings away from the facility and one to remain on site if all children do not leave the facility. The first aid kit shall contain all of the following at minimum:
- easy reference first aid manual

- adhesive tape
- bandages
- scissors
- sealed packets of alcohol wipes or antiseptic
- sterile gauze pads
- rolls of gauze bandages
- non glass thermometer
- tweezers
- cold pack
- disposable nonporous gloves
- liquid soap
- plastic bags for cloths, gauze and other materials used in handling blood
- list of emergency information and phone numbers for each child.

- 10.2 The first aid kit shall be replenished as supplies are used or as expiration date(s) indicate.
- 10.3 A plan for training and usage of medical devices or medications such as the EpiPen shall be completed when prescribed by a medical professional to a child in care.
- 10.4 When a child enrolled in the Afterschool Child Care Program has emergency medical devices or medication, such as an EpiPen, prescribed by a medical professional, the Licensee shall ensure that all Staff who interact with that child are trained on appropriate use of emergency devices and medications.
- 10.5 A child who is injured shall receive immediate attention of the Staff. Every effort shall be made to notify the child's parent(s) immediately.
- 10.6 The program shall have a plan in place that is known by all Staff for responding to sick or injured children.
- 10.7 When children and Staff travel off-site or on a field trip, Staff shall carry a first aid kit as described in 10.1, an operating cell phone or prepaid calling card, water, and any emergency medication for a child with special needs including EpiPens for those with prescriptions.
- 10.8 There shall be a written emergency evacuation and safety plan and facility diagram that clearly shows evacuation routes posted by the door in each room.
- 10.9 Emergency evacuations shall be practiced with the children each month. Practice drills may be pre-announced. There shall be:
- a system in place to assure that all children are accounted for at a predetermined

- safe place;
- a record of practice drills for the previous and current year maintained and available on site;
- a safety plan that may include additional lock down practices and procedures.

10.10 The Licensee shall assure that an Emergency Response Plan (ERP) is developed and maintained at the facility. For Afterschool Child Care Programs located in public schools the Emergency Response Plan shall be in concert with the school's preparedness or safety plan.

- All Afterschool Child Care Program Staff shall be aware of the location of the plan.
- The plan shall be reviewed and updated annually.
- Copies of the plan shall be sent to the Vermont Division of Emergency Management upon their request.
- For programs located in public schools, the Emergency Response Plan shall reflect relevant physical spaces of the school's preparedness or safety plan.

10.11 Staff and children know what to do in the case of a general emergency such as a school closing, etc. Parents shall be informed of the procedure in writing.

## **ASP SECTION 11 – FACILITIES**

### **General Standards**

11.1 The licensed space shall provide at least thirty five (35) square feet of safe, usable space per child inside the facility, excluding areas where children's personal belongings are stored and areas primarily used for hallways, bathrooms, offices and the food preparation area in the kitchen.

11.2 There shall be a safe outdoor play area which provides a minimum of seventy-five (75) square feet of space per child. The play area shall include provision for shade and be fenced or otherwise separated from traffic and other hazards.

11.3 The facility shall provide a pleasant, safe, and clean, environment suitable for children.

11.4 Areas licensed as indoor useable space for children shall have sufficient lighting.

11.5 The temperature, ventilation, and noise level in the indoor space shall be adequate and appropriate for the ages and activities of the children.

11.6 All indoor areas used by children shall be at least 68 degrees Fahrenheit one foot above

the floor. Indoor gross motor areas not counted in the indoor square footage measurement are exempt from this provision.

11.7 All areas used to determine the indoor licensed capacity shall not be subject to drafts.

11.8 The following shall be maintained in good condition:

- roofs
- chimneys
- interior and exterior walls
- doors
- skylights
- windows
- floors
- ceilings
- stairways
- ramps
- porches
- gates

11.9 The facility's grounds, fencing and equipment shall be well-maintained and kept in good repair.

11.10 Bathroom and kitchen floors and molding surfaces shall be constructed and maintained to permit easy cleaning.

11.11 Surfaces accessible to children shall be smooth and easily cleanable and free of toxic materials.

11.12 Air conditioners, electric fans and heaters shall be mounted out of children's reach or have safeguards that prevent children from being injured.

11.13 Stairs, ramps, walks, platforms and porches shall be equipped with handrails and be kept clear and safe.

11.14 Garbage shall be stored in insect and rodent-proof containers with secure fitting lids. Trash and garbage shall be removed from the building every day and removed from the premises at least every week.

11.15 Reasonable efforts shall be made to keep the center free of insects and rodents.

- 11.16 Outdoor play areas shall be free of dumpsters, uncovered garbage cans, highly flammable materials and other hazards.
- 11.17 All electrical receptacles shall be in compliance with applicable current Vermont Division of Fire Safety code.
- 11.18 Pools and swimming facilities shall be maintained in accordance with sound health and safety practices.
- 11.19 Piers, floats and platforms used by children in swimming areas shall be maintained in good repair.

### **Bathrooms**

- 11.20 There shall be a conveniently located toilet and hand washing sink for every fifteen children or portion thereof. Toilets are to be used only by children, parents, Staff and volunteers of the center during program hours.
- 11.21 A screened window that opens or an operating electric exhaust fan shall ventilate each bathroom to the outside air.
- 11.22 Sinks used for hand washing shall have running water not to exceed 120 degrees Fahrenheit. Sinks shall have hot and cold running water.
- 11.23 Toilet paper shall be available and dispensed within children's arm reach.
- 11.24 Liquid soap and disposable paper towels shall be available and accessible to the children at each hand washing area.
- 11.25 Step stools for children shall be required if hand sinks are installed at other than child height.
- 11.26 Bathrooms are to be kept in good repair with adequate lighting.

### **Lead and Asbestos Safe Facilities**

The following subsection is pursuant to 18 V.S.A. Chapter 38, Childhood Lead Poisoning Prevention Law (ACT 165 of 1995) and pertains only to buildings constructed before 1978. Regulated programs housed in public schools are exempt.

- 11.27 Essential Maintenance Practices (EMPs) shall be performed prior to initial licensure and annually thereafter in the space defined as licensed space. Essential Maintenance Practices shall be performed by a person who (a) has been certified by the Vermont Department of Health to perform Essential Maintenance Practices, or (b) is supervised on-site by a person certified by the Vermont Department of Health to perform Essential Maintenance Practices.
- 11.28 The Licensee shall protect children from lead exposure by following Essential Maintenance Practices related to:
- a visual on-site inspection of interior and exterior surfaces to identify deteriorated paint in areas frequented by children in warm weather
  - the stabilization of paint if more than one square foot of deteriorated paint is found on any interior or exterior surface
  - the stabilization of paint or restricting access by children if more than one square foot of deteriorated paint is found on any exterior surface accessible to children
  - assurance that window well inserts are properly installed in all windows wells in areas defined as licensed space
  - cleaning of window wells and windowsills with a HEPA (High Efficiency Particulate Air) filter vacuum and general all-purpose cleaner
  - assuring that notice is posted in a prominent location emphasizing to building occupants the importance of reporting deteriorated paint to the facility owner.
- 11.29 Responsible precautions shall be taken when disturbing painted surfaces including approved work practices and safety precautions to prevent the spread of lead dust.
- 11.30 At the conclusion of work on painted surfaces, the work area shall be cleaned using a HEPA filtered vacuum and general all-purpose cleaner.
- 11.31 Burning, water blasting, dry scraping, power sanding or sand blasting of painted surfaces is prohibited.
- 11.32 An Essential Maintenance Practices Compliance Statement shall be filed annually with the Childhood Lead Poisoning Prevention Program of the Vermont Department of Health and the Licensee's liability insurance carrier.

## **Plumbing and Water**

- 11.33 All plumbing shall comply with the applicable federal and state plumbing codes. Work notices shall be filed by a Master Plumber with the Fire Safety Division of the Vermont Department of Public Safety prior to beginning new construction or renovation of plumbing.

- 11.34 An approved drinking water system serving at least twenty five persons daily shall provide a supply of water that meets applicable standards as defined by Department of Environmental Conservation.
- 11.35 Water supply employing water haulage (tank truck haulage, containers, etc.) to the distribution system shall be used only in emergency situations and after approval is granted by the Division.
- 11.36 Water from a public water system shall be in compliance with the Vermont Department of Health's public water supply requirements and/or applicable Department of Environmental Conservation regulations.
- 11.37 Private water systems shall be capable of furnishing an adequate supply of potable water at pressure necessary to sustain equipment during all hours of operation. A minimum residual pressure of twenty pounds per square inch is required during maximum draft at faucets.

## **ASP SECTION 12 - SAFETY STANDARDS**

### **General Standards**

- 12.1 Children in care shall be protected from any and all conditions which threaten a child's health, safety and well-being.
- 12.2 Furniture shall be appropriate for the size, abilities and activities of the children.
- 12.3 Furniture and equipment shall be clean, sturdy, without sharp edges, and present minimal hazards.
  - 12.3.a. Indoor climbing structures that allow children to achieve a height of more than 30 inches shall have appropriate shock absorbing cushioned surfaces beneath them to protect children from injury in the event of a fall.
- 12.4 Bookcases and other shelving units above 3 feet in height shall be secured. Other shelving units shall not present a tipping or falling hazard.
- 12.5 Hazardous substances shall be in their original container, stored separately and inaccessible to children.
- 12.6 Closet and bathroom doors which can be locked shall have an unlocking device readily accessible to Staff. A locking or fastening device shall not be used on the outside of the door which would prevent free escape from inside.

12.7 There shall be no animal present at the facility which presents a danger or health hazard to the children. Children shall not have contact with wild animals unless animals are under the supervision of a professional wild animal handler.

## **Outdoor Safety**

12.8 Children shall be provided with a variety of outdoor play experiences daily when weather and air quality conditions do not pose a significant health risk. Weather that poses a significant health risk shall include wind chill at or below zero degrees and heat index at or above ninety degrees Fahrenheit.

12.9 Children shall be properly attired for the weather and be outfitted with coats, hats, boots, gloves, etc. when appropriate.

12.10 Each day the program is operating and prior to use by children a designated person shall:

- inspect the playground equipment and fencing to ensure it is in good repair. Equipment found in disrepair shall be either repaired or not used by children until appropriate repairs are made; and
- inspect the playground for hazardous materials (for example, broken glass, syringes, condoms, etc.). Hazardous materials shall be removed prior to the playground being used by children.

12.11 Outdoor play equipment shall be available and appropriate for the children.

12.12 Equipment made with pressure-treated lumber that was constructed prior to the effective date of these regulations shall be sealed every year with a sealant such as an oil-based stain.

12.13 All outside equipment, materials, furnishings and play areas shall be sturdy, safe, and in good repair and shall meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC). (See Appendix C).

12.14 Cushioning material which is absorbent shall be in place under climbers, slides, swings, or other structures which allow children to achieve a height of more than thirty inches. The depth of surfacing materials shall be appropriate to the height and use of the equipment as outlined by the Consumer Product Safety Commission's National Playground Safety Standards (see Appendix C). Surfacing material shall be maintained in good condition. Grass, bare ground, asphalt and concrete are prohibited under these structures. If weather conditions make the use of equipment unsafe, Staff shall keep children off of the equipment.

- 12.15 Children on bicycles, roller blades, skateboards, or scooters shall wear helmets.
- 12.16 Play equipment and play surfaces shall be provided for children with disabilities in accordance with recommendations from the Americans with Disabilities Act (ADA).

## **ASP SECTION 13 - HEALTH STANDARDS**

### **General Standards**

- 13.1 Staff shall use universal precautions when in contact with all blood and other body fluids that are potentially infectious (saliva, nose and eye discharges, vomit, urine, feces) by following the procedures listed below:
- wear non-porous latex or vinyl gloves unless the fluid can be easily contained by the material used to clean it up (tissue for noses, etc.) being careful not to get any of the fluid being handled into eyes, nose, mouth or open sores/cuts
  - clean and then disinfect any surfaces coming into contact with body fluids using a bleach dilution according to manufacturer's instructions for disinfecting
  - dispose of contaminated materials and store launderable items in securely sealed containers or bags
  - wash hands with soap and water.
- 13.2 Children shall have free access to toilet facilities.
- 13.3 Devices that constantly diffuse air-borne chemicals that are harmful to humans are prohibited.
- 13.4 Children shall have access to clean, sanitary drinking water which is readily available in indoor and outdoor areas throughout the day.

### **Conditions For Exclusion**

- 13.5 Children and Staff may be excluded if in the opinion of the Program Administrator or Site Director, designee or medical professional the individual is too ill to participate.
- 13.6 Staff shall follow the exclusion policies as set forth in the document *Signs and Symptoms of Illness Chart (Adapted)* which shall be made available to parents and Staff, and posted where parents and Staff can read it. (See Appendix A).

## **Hand Washing**

- 13.7 Staff and children shall all wash their hands with soap under warm, running water:
- before they eat or prepare food
  - after they use the toilet
  - after handling animals
  - after playing outside.
- 13.8 Staff shall also wash their hands with soap under running water:
- before and after giving medication
  - after eating
  - after cleaning up after a sick child or injured child
  - after handling items soiled with blood or body fluids.
- 13.9 Hand sanitizers shall only be used when running water is not available such as during outdoor play or on field trips.

## **Cleaning Practices**

- 13.10 All toys and indoor equipment shall be cleaned at least monthly.
- 13.11 Toilets and sinks shall be cleaned and disinfected daily.
- 13.12 Bathrooms shall be cleaned daily.
- 13.13 Shelves and doorknobs shall be washed and disinfected weekly so as to minimize the spread of illness.
- 13.14 The tops of tables used for eating snacks or meals or other surfaces coming into contact with food shall be washed and sanitized prior to eating.
- 13.15 Hard floors and carpets shall be cleaned at least daily. Carpets shall be vacuumed daily. Carpets shall be hot water extracted at least twice per year.
- 13.16 Sanitizers and disinfectants including bleach shall be registered with US Environmental Protection Agency. If environmentally preferable cleaning products are used, these products shall comply with 18 V.S.A. Chapter 39.

## **Medications and Topical Applications**

- 13.17 All medications shall be inaccessible to children but immediately accessible to designated Staff. A child with parent permission to self-medicate may do so under direct Staff supervision.
- 13.18 Written parental permission shall be obtained before administering any medication. The permission statement shall include the name of the child, name of the medication, dosage, the date and time to be given and how the medication is to be given (mouth, ear, etc.).
- 13.19 No Staff, employee, or volunteer shall administer medicines, drugs or herbal or folk remedies that affect behavior except as prescribed by a health care provider with specific written instructions and parental permission.
- 13.20 The program shall maintain onsite a record of all prescribed medications given which include the name of the medication(s), date, dosage, and time given. These records shall be kept for a period of one year. All prescription medications shall be:
- 13.20.a. kept in the original containers
  - 13.20.b. be clearly labeled with children's name, dosage, medication name, and schedule of administration
  - 13.20.c. kept out of the reach of children
  - 13.20.d. readily available to specified Staff at all times.
- 13.21 Written general permission for over-the-counter medications shall be obtained from parents for giving oral medication to a child. Parents shall be verbally notified before oral medications are given.
- 13.22 Prior to supervised application, written general permission shall be obtained from parents prior to the application of non-prescription medications and products, such as ointments, creams, sunscreens, tick and insect repellants, and other topically applied ointments and lotions. Such general permission shall be updated annually.
- 13.23 Direct supervision is required for all topical applications applied by children.

## **Pesticides**

- 13.24 Pesticide applications shall be used only when other pest prevention and control measures fail. Pesticides shall not be used to control pests for aesthetic reasons alone. Whenever possible the Licensee shall use pesticides of least risk to children.

- 13.25 All contracted pesticide applications shall be applied only by commercial applicators certified by the Vermont Department of Agriculture, Food and Markets.
- 13.26 Only pesticides registered with the Vermont Department of Agriculture, Food and Markets shall be used.
- 13.27 Parents of children and Staff shall be notified in writing prior to any planned application of pesticides. Notice shall include site of planned application, pest to be treated for, and proposed pesticide to be used.
- 13.28 Application of pesticides shall only be made when children are not present. (For example: Friday afternoons in anticipation of children not being present over the weekend and to allow full ventilation after application.)
- 13.29 Rodent baits shall not be used unless in childproof bait boxes. Bait boxes shall be inaccessible to children.
- 13.30 Prior to pesticide application, a Staff person shall guide the certified applicator away from surfaces that can be touched or mouthed by children.
- 13.31 The Licensee or Licensee's Agent shall keep records of all pesticide applications. Records will include: the pesticide product name, EPA Registration Number, amount used, dates of application, location of application and pests treated for. These records shall be available for inspection by parents and prospective parents during operating hours. (Sample Pesticide Recording Form available on the Division website).

### **Use of Tobacco, Alcohol and Illegal Drugs**

- 13.32 The Licensee shall ensure that the use of tobacco and tobacco substitutes (including e-cigarettes), alcohol and illegal drugs is prohibited on the premises of the program (both indoor and outdoor environments) and in any vehicles used by the program at all times.
- 13.33 Program Staff, Activity Specialists and Volunteers shall not smoke or use tobacco or tobacco substitutes (including e-cigarettes) on or off the premises during the Afterschool Child Care Program's paid time including break time.
- 13.34 Program Staff, Activity Specialists and Volunteers shall not use or be under the influence of alcohol or drugs during the Afterschool Child Care Program's paid time including break time. Medication prescribed by a physician or over-the-counter medication that does not impair the ability of Staff to adequately supervise and care for the children may be taken.

## ASP SECTION 14 - NUTRITION

- 14.1 Afterschool Child Care Programs shall follow the Child and Adult Care Food Program meal pattern guidelines on nutrition. (See Appendix B, as amended).
- 14.2 Children shall be served a meal or snack at least every three hours. School age children attending school for a full day shall be offered a snack within one hour of their afternoon arrival at the program. For children attending before school programs that are less than 90 minutes, the program does not need to provide a snack.
- 14.3 Children shall receive meals and/or snacks according to the following:

<b># Hours Children are in Care:</b>	<b>Minimum Meals and/or Snacks that shall be served:</b>
12 hours	2 meals and 4 snacks
8 - 12 hours	1 meal and 2 snacks or 2 meals and 2 snacks
4 - 8 hours	1 meal and 1 snack
4 hours or less	1 snack
8-10 hours of night time care	2-3 snacks or meals if the child is present at standard mealtime hours.

- 14.4 Meals and snacks provided at the program shall be nutritious. Additional food shall be available in sufficient quantity as appropriate for the age and needs of the child. If a child is hungry he or she shall be offered a second helping.
- 14.5 When meals/snacks are furnished by the parent, parents shall be encouraged to provide appropriate portions of food which is adequate and nutritious.
- 14.6 No child shall be forced to eat.
- 14.7 If powdered milk is used, it shall be used for cooking only.
- 14.8 This regulation has been intentionally deleted.
- 14.9 The Afterschool Child Care Program shall make an effort to accommodate special dietary requests only upon written authorization and direction from the child's parent(s), unless the parent has given written permission for the child to self-monitor their appropriate food intake.
- 14.10 Cider and milk, fluid milk products, ice cream and milk-based frozen desserts served at the facility shall be pasteurized.

## **ASP SECTION 15 - FOOD PREPARATION AND SAFETY**

- 15.1 All food shall be transported, stored, prepared and served in a sanitary manner. All onsite food preparation and/or use of multi-service utensils shall have prior approval by the Vermont Department of Health.
- 15.2 The program Staff shall follow food safe practices when preparing and serving food.
- 15.3 Live animals shall not be kept or allowed in any rooms where food or drink is being prepared.
- 15.4 Kitchen facilities shall be maintained in a sanitary condition, free of dust, insects and other contaminants.
- 15.5 Monthly snack menus shall be posted or sent home. Monthly snack menus shall be kept on file for the preceding three months.
- 15.6 When a child has a medically diagnosed food allergy, a special care plan from the child's health care provider shall be readily available and describe steps to take in the event of exposure.
- 15.7 Children with food sensitivities or allergies shall be offered an alternative snack. All Staff and Volunteers shall be aware of a child's food allergy and of the emergency steps to be taken should an allergic child be exposed to the problem food.
- 15.8 All readily perishable food or drink, including that brought by children or parents, shall be refrigerated at or below forty-five (45) degrees Fahrenheit, (seven [7] degrees Celsius), except when being prepared or served.
- 15.9 When provided by parents, food items which are subject to rapid deterioration or spoilage shall be refrigerated upon arrival at the facility.
- 15.10 All readily perishable food shall not be kept at room temperature for more than one hour.
- 15.11 Refrigerated foods shall be labeled and dated.
- 15.12 Fresh fruits and vegetables shall be thoroughly washed before use.
- 15.13 This regulation has been intentionally deleted.

- 15.14 All non-perishable foods shall be stored in plainly labeled, dated and rodent proof containers.
- 15.15 All utensils, equipment and food shall be stored in a clean, dry place, free from insects, dust and other contamination, and shall be handled in such a manner as to prevent contamination.
- 15.16 All containers and utensils shall be stored eighteen inches off the floor if stored on open shelves. Dishes shall be stored in closed space. Cupboards shall be clean.
- 15.17 Utensils shall be covered or inverted in a container when not in use.
- 15.18 Containers and utensils shall not be handled on the surfaces which come in contact with food or drink.
- 15.19 Paper cups, plates, straws, spoons, forks, and other single service containers and utensils shall be purchased in sanitary cartons and stored in a clean and dry place until used. After removal from the cartons, these articles shall be placed in dispensers or stored so that the food contact surfaces are not exposed to sources of contamination. Single service utensils shall be used only once.
- 15.20 All machinery and equipment in connection with the operation of the kitchen shall be so constructed and arranged so as to be easily cleanable and shall be kept in good repair.
- 15.21 Enamelware and cracked or chipped china or glassware shall not be used.
- 15.22 All foods that are contaminated shall be disposed of promptly. Swelled, rusty, dented or leaky canned food or drink shall be disposed of promptly.
- 15.23 When multi-services utensils are used a mechanical dishwasher shall be equipped with a rinse cycle of 140 degrees Fahrenheit (57 degrees Celsius). This shall be installed and operated according to the manufacturer's recommendations.
- 15.24 When a dishwasher is not available and single service items are not used; a three-compartment sink with adequate space for drain boards shall be required for the dishwashing, rinsing and sanitizing of dishes and utensils. Dishes shall be washed in hot, clean water at 120 degrees Fahrenheit (49 degrees Celsius), rinsed in hot, clean water and immersed for 2 minutes in sanitizing rinse. Bleach solution shall be used following the instruction of the manufacturer regarding sanitizing. Hand washed dishes shall be air-dried.

15.25 In an Afterschool Child Care Program serving twelve or fewer children, a standard household kitchen in good repair shall be acceptable. A standard household dishwasher is acceptable for washing dishes.

## **ASP SECTION 16 - SWIMMING**

- 16.1 Each child shall have written permission from her/his parent prior to participating in a wading or swimming activity.
- 16.2 Swimming facilities shall be protected and pools fenced so that no child may gain access without Staff approval, observation and supervision.
- 16.3 For each group of 26 children, the Licensee shall ensure that a lifeguard with current certification from a nationally recognized organization is supervising the swimming area.
- 16.4 The minimum ratio of Staff to children participating in a swimming activity shall be:
- 1:10 for children age 8 years and older
  - 1:8 for children age 6 and 7 years old
  - 1:6 for children age 5 years old
- 16.5 When lifeguards are on duty supervising the swimming area, they shall not be counted in the staff/child ratios for swimming as designated in 16.4.
- 16.6 When swimming lessons are being provided, the lessons shall be provided by a certified instructor.
- 16.7 The Staff of the licensed program is responsible for supervising the children in their care when the children are engaged in swimming activities regardless of who employs the lifeguard(s) on duty. Staff/child ratios shall also apply when a lifeguard is on duty.
- 16.8 The Licensee or the Licensee's designee shall develop a written aquatic safety plan addressing supervision and safety of all swimming activities. This plan shall:
- be reviewed annually
  - be updated as needed
  - be known by program Staff persons present at the swimming facility
  - include the location of the first aid and emergency supplies
  - be kept on file at the program facility with a copy available where swimming occurs.

- 16.9 The written aquatic safety plan shall include:
- an assessment of each child's swimming ability, performed by a person who holds a valid American Red Cross Water Safety Instructor certificate or current certificate issued by an approved certifying agency providing for equivalent levels of training.
  - a system whereby each child's designation of swimmer or non-swimmer shall be predetermined, documented and on file. When all bathers are in water less than waist deep on them, swimming ability assessment is not required.
  - a system whereby non-swimmers are restricted to areas where the water is less than waist deep on them (except for learn to swim programs or when shallow water is in a non-swimming area).
  - the emergency plan should a child be missing or in distress in the water. The plan shall include supervising children during times of emergency.
- 16.10 Swimmers shall be assigned to specific Staff members who will monitor their activities.
- 16.11 Swimmers shall be accounted for at least every ten minutes.
- 16.12 Swimming is prohibited during the hours of darkness unless adequate lighting is provided and swimming is restricted to shallow water.
- 16.13 If diving is permitted, the minimum water depth shall be clearly marked. The minimum water depth for a one-meter board shall be at least ten feet and free from stumps, rocks, or other debris.
- 16.14 When children in care share swimming areas with other bathers, a visible system of identification shall be in place to distinguish children in care. Personal flotation devices of any kind shall not be used as identifiers.

## **ASP SECTION 17 - TRANSPORTATION**

- 17.1 Upon written permission from the parent, transportation may be provided for children.
- 17.2 Any vehicles used for transporting children shall be registered, inspected and insured according to Vermont State Law.
- 17.3 The operator of any motor vehicle who is transporting children shall hold a valid operator's license that is appropriate for that vehicle.

- 17.4 If sixteen or more persons, including the driver, are transported at one time, the driver shall hold a valid commercial driver's license with a passenger endorsement as required by Vermont State Law.
- 17.5 Children in vehicles shall not be left unsupervised or unattended at any time.
- 17.6 Staff/child ratios are as follows for transporting ambulatory children:
- 1 – 6 children, 1 Staff person (can be the driver)
  - 7 - 13 children, 2 Staff persons (can include the driver)
- 17.7 Two Staff persons shall be present in addition to the driver when fourteen or more children are transported.
- 17.8 When there are three, four, five or six non-ambulatory children in the vehicle, there shall be at least two Staff present unless the vehicle is equipped with a two-way communication system linked to emergency backup services. When there are more than 6 non-ambulatory children in the vehicle a ratio of 1:4 shall apply.
- 17.9 When being transported in a motor vehicle, all passengers, except children who have physical conditions which prevent the use of a child safety seat or seat belt, shall be properly restrained in accordance with Vermont State Law.
- 17.10 The number of children within the school bus shall not be more than the number of seating spaces provided.
- 17.11 Private vehicles used to transport to or from school with fewer than eleven persons (including the operator) for compensation are considered school buses under Vermont State Law and therefore shall comply with operator licensing and equipment requirements of Title 23 of the Vermont Statutes Annotated.

## **ASP SECTION 18 - LICENSING PROCESS AND PROCEDURES**

- 18.1 An agency, corporation, partnership or individual shall not operate or maintain an Afterschool Child Care Program unless issued a license to do so by the Division.

### **Authority to Inspect**

- 18.2 The Licensee or an applicant shall allow access to the premises at reasonable hours by any authorized representative of the Division, other state agency, or any local building, fire or health agency for the purpose of determining compliance with applicable provisions of these regulations. The Division representative shall make a reasonable

effort to announce their presence and shall identify themselves prior to or upon entering the premises. The Licensee may request the representative to produce valid identification.

- 18.3 The Licensee or applicant shall permit visits, inspections and examination of the licensed facility, its records, equipment and materials relevant to determining compliance with applicable provision of these rules at reasonable hours by representatives of the Division. Any records or reports required in these regulations shall be surrendered to a Division representative upon request.
- 18.4 The Licensee or applicant shall allow representatives of the Division to interview any Staff members regarding information relevant to determining compliance with these regulations.
- 18.5 Upon request, the Licensee shall provide the Department with a list of names, addresses and telephone numbers of families served during the prior twelve months and dates and hours of attendance of each child served. The Division may request this during a visit or contact the Licensee by telephone or in writing to make this request.

### **Issuance of License**

- 18.6 To qualify for a license, or a license renewal, an applicant or Licensee shall demonstrate to the satisfaction of the Division that the Afterschool Child Care Program and facility are in full or substantial compliance with these regulations.
- 18.7 A license shall be issued only to the Licensee for the Afterschool Child Care Program for which the application is made and for the address of the program's actual site.
- 18.8 A license shall not be transferable, assignable or subject to sale.

### **Posting of License**

- 18.9 The Licensee shall post its current license to operate an Afterschool Child Care Program and a copy of the current Licensing Regulations for Afterschool Child Care Programs in a location where parents, Staff, and visitors can see and read them. A null and void or out-of-date license shall be immediately removed.

### **Licensing of an Organization with More than One Site**

- 18.10 A separate application shall be made for each Afterschool Child Care Program location.

## **Nullification of a License**

- 18.11 When an Afterschool Child Care Program is sold, leased or discontinued or the operation has moved to a new location or the license has been revoked, the current license shall immediately become null and void.
- 18.12 If the Licensee chooses to voluntarily close the Afterschool Child Care Program, it is the responsibility of the Licensee to proactively contact the Division and surrender the license. Until and unless official notification has been submitted to the Division through the Bright Futures Information System (BFIS), or unless the Division has taken definitive action to suspend or revoke or deny renewal of a license, or unless and until the license has expired with no application for renewal, the Licensee shall be considered legally licensed and responsible for compliance with these regulations regardless of how many children are enrolled in care.
- 18.13 The Division may deny the issuance or the re-issuance of a license if it has found that the applicant has not complied with these regulations or has demonstrated behavior that indicates an unwillingness or inability to care adequately for children.

## **Complaint Procedures**

- 18.14 The Division shall maintain the capacity to receive and respond to complaints from the public regarding regulated child care providers. Division Staff will assess every complaint received to determine if it pertains to regulations set forth in this subchapter.
- 18.15 An investigation by the Division shall be made if a complaint is received pertinent to compliance with these regulations. The Division shall notify the Licensee that a complaint is being investigated unless such information would imperil an on-going and concurrent criminal or child abuse investigation. The results of the investigation shall be reported in writing to the Licensee. If the complaint is substantiated or if any other violations are found as a result of the investigation, the Licensee shall be required to take corrective action to come into full or substantial compliance with Vermont State Law and these regulations.
- 18.16 Complaints relating specifically to laws, rules, or regulation of other governmental entities shall be referred to the appropriate entity for investigation. At the time of the referral the Division shall request a report on the investigation findings.

## **Types of Licenses**

### Full License

18.17 A full license is issued when the Division determines that the Licensee is in full or substantial compliance with applicable provision of these regulations.

18.18 A full license is effective for three years from the date of issuance, unless it is:

- modified to a provisional license;
- revoked;
- surrendered prior to the expiration date; or
- suspended.

### Provisional License

18.19 A provisional license may be issued when the Division determines that:

- there is no serious risk to the health, safety and well-being of the children, and
- an emergency occurs that affects a Licensee's ability to be in substantial compliance with regulations, or
- the Licensee has applied for approval of a change that impacts their license, or
- the Licensee has applied for a renewal and is not in substantial compliance with regulations, or
- the Licensee has submitted a new application for licensure and full compliance has not been determined.

18.20 During the provisional period the Licensee shall implement a written regulatory compliance plan that has been submitted to and approved by the Division.

18.21 A provisional license may be replaced with a full license when the Division determines that the Licensee has come into full or substantial compliance with applicable provision of these rules in advance of the expiration date of the provisional license.

18.22 A request to replace a provisional license and to issue a full license shall be made in writing by the Licensee. If the request is approved, a full license shall be issued.

18.23 If the Licensee is not able to come into full or substantial compliance with applicable provision of these rules in advance of the expiration date of the provisional license, the license expires and the Licensee shall submit a new license application and meet all requirements for the issuance of a full license in order to provide care for children from more than two families other than their own.

## Procedures for Initial Licensure

- 18.24 An applicant shall apply for a license on forms provided and in a manner prescribed by the Division.
- 18.25 Background Check Requirements:
- 18.25.a. The Licensee shall submit a Record Check Authorization Form with the initial application to the Division.
  - 18.25.b. The Licensee shall submit a Record Check Authorization Form to the Division for all Staff, Substitutes, Activity Specialists, Associated Parties and Volunteers with the initial application.
- 18.26 Asbestos Assessment: Prior to initial licensure of an existing building, an assessment shall be performed by a person certified by the Vermont Department of Health to determine: (1) if Asbestos Containing Material (ACM) is present; and (2) if ACM is present, to ascertain the condition of such material. If abatement recommendations (repairs, enclosure, encapsulation, or removal and clean up) are made, the applicant shall notify the Vermont Department of Health Asbestos Control Program and, if warranted, a site visit may be made by a Vermont Department of Health representative to determine the necessity of the recommendation. A copy of the assessment shall be made part of the initial application for licensure. An application may be denied on the basis of children potentially exposed to asbestos as a health hazard.
- 18.27 Lead Poisoning Prevention: If the facility to be licensed was constructed prior to 1978 and has not been determined to be lead free by an inspector licensed by the Vermont Department of Health, the applicant shall comply with the requirements of 18 V.S.A. §38, Childhood Lead Poisoning Prevention Law prior to licensure and shall assure that essential maintenance practices have been performed and will continue to be performed. Regulated programs housed in public schools are exempt.
- 18.28 Insurance Coverage: The Licensee shall carry liability insurance of a reasonable amount for its own protection and for the protection of children in care. Evidence of insurance coverage shall be provided to the Division.
- 18.29 Transportation insurance, if applicable, shall cover property damage, bodily injury and liability.
- 18.30 Upon receipt of a completed application, a Division representative shall:
- Review the application, confer with the applicant, make inquiry and investigation and inspect the premises to determine whether the applicant has fully or substantially complied with applicable provision of these regulations;

- Make a timely decision regarding issuance of a license.
- Inform the Licensee of the decision.

18.31 The Afterschool Child Care Program shall meet all applicable requirements of the Vermont Division of Fire Safety, the Vermont Department of Health, the Vermont Agency of Natural Resources and the Americans with Disabilities Act.

18.32 As of the date of the application or reapplication, the Licensee shall certify that he/she is in compliance with 32 V.S.A. §3113 by being in good standing with the Department of Taxes to pay any and all taxes due to the State of Vermont, or be in full compliance with a plan approved by the Commissioner of Taxes or designee.

18.33 As of the date of the application or reapplication, the Licensee shall certify that he/she is in compliance with 15 V.S.A. §795 by being in good standing to pay any and all child support due to the State of Vermont or be in full compliance with a plan approved by the Vermont Office of Child Support.

18.34 If a license to operate is denied, the Division will notify the applicant in writing of the reason(s) for denial and set forth the applicant's rights to appeal the decision.

### **Annual Assurances**

18.35 For facility structures constructed before 1978, the Licensee shall file an Affidavit of Performance of Essential Maintenance Practices (EMP) with the Childhood Lead Poisoning Prevention Program in the Vermont Department of Health and with the Licensee's liability insurance carrier at least once annually. Documentation of compliance shall be supplied to the Division (regulated programs housed in public schools are exempt).

18.36 Proof of valid Liability Insurance shall be submitted annually prior to the license anniversary date.

18.37 Annual Professional Development requirements for the Afterschool Child Care Program Site Director shall be submitted annually prior to the license anniversary date (unless there is current documentation in the Bright Futures Information System).

### **Procedures for License Renewal**

18.38 Sixty (60) days prior to the expiration of the Afterschool Child Care Program's current license, the Division shall send the Licensee electronic notice of the requirement to apply for license renewal through the Bright Futures Information System (BFIS).

- 18.39 It is recommended that the Licensee submit an application for license renewal to the Division at least 45 calendar days before expiration of the Afterschool Child Care Program's current license to ensure that all necessary documentation and verification is completed prior to the expiration date. Applications for renewal received within 15 days of expiration may not be processed in time to assure timely and sufficient application for renewal.
- 18.40 The application and all necessary documentation and verification shall be complete prior to the expiration date of the current license.
- 18.41 A Licensee shall apply for renewal of a license on forms provided and in a manner prescribed by the Division. Renewal application requirements shall include at a minimum:
- 18.41.a. Background Check Requirements as specified in Rule ASP 5.11 of these regulations. A new background check shall be completed for the Licensee and for all Staff, Substitutes, Associated Parties, and Volunteers at the time of renewal.
  - 18.41.b. Annual assurances related to insurance, as specified in ASP 18.36 of these regulations.
  - 18.41.c. Annual assurances related to lead poisoning prevention, as specified in ASP 18.35 of these regulations.
  - 18.41.d. Annual assurances related to Staff qualifications and annual professional development as specified in rules in Section 5 of these regulations.
  - 18.41.e. Good standing in regard to payment of taxes due to the State of Vermont as specified in rule ASP 18.32 of these regulations.
  - 18.41.f. Good standing in regard to payment of child support obligations as specified in rule ASP 18.33 of these regulations.
- 18.42 At the time of renewal the Licensee shall demonstrate to the satisfaction of the Division that the Afterschool Child Care Program is in full or substantial compliance with these regulations.
- 18.43 When a Licensee makes a timely and sufficient application for renewal of a license, the existing license shall not expire until the Division makes a decision on the renewal application.

### **Terms of a License**

- 18.44 The license shall contain and display the following:
- status of the license: annual or provisional;

- effective date of the license;
- expiration date of the license;
- the maximum number and ages of children who may be served at one time; and
- the applicable type of regulated service for which authorization to operate has been granted.
- the terms and/or conditions to the approval of a license required by the Division when circumstances warrant. Such terms and/or conditions shall be displayed on the posted license.

18.45 The Licensee shall be responsible for compliance with these regulations and shall operate the Afterschool Child Care Program at all times within the terms and conditions of the license.

18.46 The Licensee shall not represent or give the impression that the Afterschool Child Care Program and its services are other than as defined by the license certificate and the limitations of these regulations.

### **Changes that Impact a License**

18.47 The Licensee shall notify the Division prior to any of the following planned changes. The Division shall determine whether to modify a current license or to require the Licensee to submit an application for a new license.

- 18.47.a. A planned reduction, addition or substantial change in the indoor or outdoor spaces of the Afterschool Child Care Program;
- 18.47.b. A change in the name of the Afterschool Child Care Program;
- 18.47.c. A change in the application type of regulated service authorized in these rules;
- 18.47.d. A change in licensed capacity.

### **Suspension, Revocation or Denial of a License**

18.48 If the Division determines health, safety or well-being of children in care is in serious or imminent danger, the Division may immediately suspend the license upon issuance of a written suspension order. The order shall state the reason(s) for the suspension. Within 10 working days of the issuance of the suspension order, the Commissioner or designee shall hold an informal hearing with the Licensee or the Licensee's representative.

18.49 The Division may deny or revoke the license of an Afterschool Child Care Program for good cause, including but not limited to the following:

- 18.49.a. failure to comply with applicable provisions of Vermont State Law or these regulations;

- 18.49.b. violation of the terms or condition of its license;
- 18.49.c. fraud or misrepresentation in obtaining a license or in the subsequent operation of the Afterschool Child Care Program;
- 18.49.d. refusal to furnish the Division with files, reports or records as required;
- 18.49.e. refusal to permit an authorized representative of the Division to gain admission to the Afterschool Child Care Program during operation hours;
- 18.49.f. any activity, policy, practice or Staff conduct that puts the health, safety or well-being of children in care in serious or imminent danger and is deemed by the Division to be detrimental to the education, health, safety or well-being of children; or
- 18.49.g. conduct that demonstrates a pattern of unwillingness or inability to consistently comply with regulations.

18.50 The Division shall notify the parent(s) of enrolled children of its actions or proposed actions in the event that the license has been suspended or is the subject of intended revocation.

### **Right to Appeal Regulatory Actions**

18.51 If the Division takes any of the following actions or intended actions:

- revokes a full or provisional license to operate;
- denies the approval of a provisional license;
- denies approval of a full license;
- cites a violation of regulations in a site visit report; or
- denies a request for a variance,

the Division shall notify the Licensee in writing with appropriate notice, including the factual evidence the Division believes warrants the action or intended action and specify the Licensee's right to appeal the decision and request a hearing.

18.52 If the Licensee is aggrieved by the action or intended action, they may indicate in writing within (30) thirty days from the date of the Division's written notice to the Division through the Bright Futures Information System (BFIS) or in a letter posted to the Division's mailing address that they wish to challenge the action or intended action. Appeals may be made either through a Commissioner's Review hearing or directly to the Human Services Board. Decisions resulting from the Commissioner's Review hearing are subject to further appeal to the Human Services Board. In the written notice of appeal, Licensees shall indicate whether they are requesting a Commissioner's Review hearing or appeal directly to the Human Services Board. If the Licensee requests an appeal directly to the Human Services Board, the Division shall notify the Human Services Board of the Licensee's request.

- 18.53 If a written request for a Commissioner's Review hearing is received by the Division within (30) thirty working days of the date of the notice of action or intended action, the Division shall ensure that a Commissioner's Review hearing is conducted within 30 working days from the date of the written request.
- 18.54 A designee of the Commissioner who has had no previous involvement in the matter prompting the appeal shall conduct the Commissioner's Review.
- 18.55 The Commissioner's designee shall provide the Licensee an opportunity to be heard with regard to the action or intended action. The Licensee may submit a written response to the Division's notice or may present his/her position in person to the Commissioner's designee at the Department or through an attorney or other representative designated in writing by the Licensee. The Licensee may provide witnesses, documents or other evidence in their behalf.
- 18.56 The Commissioner's designee shall also review the factual evidence provided by the Licensing Unit of the Division and interview Licensing Unit Staff. They may interview any witnesses with information relevant to the facts of the matter, including program Staff and parents, in the course of the review.
- 18.57 The Division shall notify the Licensee in writing of the final decision of the Department as a result of Commissioner's Review and of the reasons for upholding or overturning the action or intended action.
- 18.58 If the Licensee does not agree with the findings of the Commissioner's Review, they may continue their appeal and exercise their right to a fair hearing before the Human Services Board. If they wish to continue their appeal they shall notify the Human Services Board within (30) thirty days from the date of the letter communicating the findings of the Commissioner's Review.
- 18.59 If a Licensee requests an appeal in a timely manner, the existing license shall remain in effect until an official written decision has been rendered by the Department in the case of a Commissioner's Review or by the Human Services Board if the Licensee continues the appeal to the Board. However, the Division shall have the authority to suspend the license immediately whenever it believes the health, safety, or well-being of children in care is in serious or imminent danger.
- 18.60 If a Licensee does not make a timely request for an appeal, the action to deny or revoke the license shall take effect 30 working days after the issuance of the original notice.

## **Rule Variance**

- 18.61 The Commissioner, or designee, upon request in an individual case and at his or her discretion may grant a variance to a regulation. A variance may be granted when, in unique and exceptional circumstances, a literal application of a regulation will result in unnecessary hardship for the Licensee or for a child and family in care, and the intent of the regulation can be achieved through other means.
- 18.62 The Licensee shall apply to the Division for a variance in writing prior to putting any activity, policy, or practice into effect that is contrary to full or substantial compliance with these regulations. The Licensee shall identify: the particular regulation(s) they seek to vary; the specifics of the request in relation to specific time frames or individual children or Staff; the specific hardship created by literal application; and the plan for how the intent of the regulation will be achieved and maintained.
- 18.63 Upon receipt of a completed request for a variance, the Commissioner's designee shall: review the request, confer with the Licensee, make inquiry and investigation and may authorize an inspection of the program and/or premises to determine whether the submitted plan will achieve the intent of the regulation; make a timely decision regarding the request; inform the Licensee of the decision.
- 18.64 The decision of the Commissioner or his or her designee shall be in writing and shall state the reasons for the decision, and shall be a public record.

## **Public Record of Violations**

- 18.65 When the Division requires parental notification due to a serious violation, the Licensee shall mail the Parental Notice of Violation to the parent of each enrolled child. When the child's parents are separated or divorced a copy shall be mailed to each parent if both are known to the Licensee.
- 18.66 Upon request, the Licensee shall provide the Division with a list of names, addresses and telephone numbers of families served during the prior twelve months and dates and hours of attendance for each child served. The Division may contact the Licensee by telephone or in writing to inform the Licensee of the request.
- 18.67 Public posting of violations shall remain on the Bright Futures Information System (BFIS) website for a minimum of five years. If there are no repeat violations of a particular regulation, the Afterschool Child Care Program may request the Division remove the violation from public view on the BFIS public portal.

## APPENDIX A

### Signs and Symptoms of Illness Chart (Adapted)

The following chart lists, in alphabetic order, some of the most common signs and symptoms that children in group care and other program settings may develop when they have an infectious disease. Health professionals can use this chart to discuss with caregivers/teachers what they should look for to recognize diseases and make decisions about when children need medical care. Caregivers/teachers/program providers should use this information to be aware of what might cause various signs and symptoms, when it is appropriate to notify a health consultant and/or the parent, and the criteria to determine when children should be excluded from and can return to a group setting or program. All caregivers/teachers and direct Staff should work with health professionals to ensure an appropriate diagnosis and treatment.

Note that the chart indicates when visits to a health professional are necessary. Not all children who are excluded from a group care or program setting require a visit to a health professional prior to return. However, if you are concerned about the nature of the child's specific illness or need instructions about how to care for the child, the child's parent/guardian can make a phone call to the child's health professional to clarify whether further evaluation is necessary. With parent/guardian consent, the child's health professional can give additional instructions in writing or over the phone to caregivers/teachers.

The Signs and Symptoms Chart is adapted from *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 2nd Edition a publication of the American Academy of Pediatrics. It is printed with permission to be included in the Vermont Child Care Regulations. Reference: *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 2nd Edition, American Academy of Pediatrics, Susan S. Aronson MD FAAP (Editor), Timothy R. Shope MD MPH FAAP (Editor).

### Signs and Symptoms Chart

<i>Symptom</i>	<i>Common Causes</i>	<i>Complaints or What Might Be Seen</i>	<i>Notify Health Consultant</i>	<i>Notify Parent</i>	<i>Temporarily Exclude?</i>	<i>If Excluded, Readmit When</i>
<b>Cold Symptoms</b>	<i>Viruses</i> (early stage of many viruses) <ul style="list-style-type: none"> <li>• Adenovirus</li> <li>• Coxsackievirus</li> <li>• Enterovirus</li> <li>• Parainfluenza virus</li> <li>• Respiratory syncytial virus</li> <li>• Rhinovirus</li> <li>• Coronavirus</li> <li>• Influenza</li> </ul> <i>Bacteria</i> <ul style="list-style-type: none"> <li>• Mycoplasma</li> </ul>	<ul style="list-style-type: none"> <li>• Runny or stuffy nose</li> <li>• Scratchy throat</li> <li>• Coughing</li> <li>• Sneezing</li> <li>• Watery eyes</li> <li>• Fever</li> </ul>	Not necessary	Yes	<b>No, unless:</b> <ul style="list-style-type: none"> <li>• Fever accompanied by behavior change.</li> <li>• Child looks or acts very ill.</li> <li>• Child has difficulty breathing.</li> <li>• Child has blood red or purple rash not associated with injury.</li> <li>• Child meets other exclusion criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Cough</b> (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	<ul style="list-style-type: none"> <li>• Common cold</li> <li>• Lower respiratory infection (eg, pneumonia, bronchiolitis)</li> <li>• Croup</li> <li>• Asthma</li> <li>• Sinus infection</li> <li>• Bronchitis</li> </ul>	<ul style="list-style-type: none"> <li>• Dry or wet cough</li> <li>• Runny nose (clear, white, or yellow-green)</li> <li>• Sore throat</li> <li>• Throat irritation</li> <li>• Hoarse voice, barking cough</li> </ul>	Not necessary	Yes	<b>No, unless:</b> <ul style="list-style-type: none"> <li>• Severe cough</li> <li>• Rapid and/or difficult breathing</li> <li>• Wheezing if not already evaluated and treated</li> <li>• Cyanosis (i.e., blue color of skin and mucous membranes)</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Diarrhea</b>	Usually viral, less commonly bacterial or	<ul style="list-style-type: none"> <li>• Frequent loose or watery stools compared to child's</li> </ul>	For one or more cases of bloody	Yes	<b>Yes, if</b> <ul style="list-style-type: none"> <li>• Stool is not contained in the</li> </ul>	<ul style="list-style-type: none"> <li>• Cleared to return by health</li> </ul>

	parasitic	<p>normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.)</p> <ul style="list-style-type: none"> <li>• Abdominal cramps.</li> <li>• Fever.</li> <li>• Generally not feeling well.</li> <li>• Sometimes accompanied by vomiting.</li> </ul>	diarrhea or 2 or more children with diarrhea in group within a week		<p>diaper for diapered children.</p> <ul style="list-style-type: none"> <li>• Diarrhea is causing “accidents” for toilet-trained children.</li> <li>• Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation.</li> <li>• Blood/mucus in stool.</li> <li>• Abnormal color of stool for child (eg, all black or very pale).</li> <li>• No urine output in 8 hours.</li> <li>• Jaundice (i.e., yellow skin or eyes).</li> <li>• Fever with behavior change.</li> <li>• Looks or acts very ill.</li> </ul>	<p>professional for all cases of bloody diarrhea and diarrhea caused by <i>Shigella</i>, <i>Salmonella</i>, or <i>Giardia</i>.</p> <ul style="list-style-type: none"> <li>• Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.</li> <li>• Able to participate.</li> </ul>
<b>Difficult or Noisy Breathing</b>	<ol style="list-style-type: none"> <li>1. Common cold</li> <li>2. Croup</li> <li>3. Epiglottitis</li> <li>4. Bronchiolitis</li> <li>5. Asthma</li> <li>6. Pneumonia</li> <li>7. Object stuck in airway</li> </ol>	<ol style="list-style-type: none"> <li>1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever.</li> <li>2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in.</li> </ol>	Not necessary	<b>Yes</b>	<p><b>Yes, if</b></p> <ol style="list-style-type: none"> <li>1. Fever accompanied by behavior change.</li> <li>2. Child looks or acts very ill.</li> <li>3. Child has difficulty breathing.</li> <li>4. Child has blood red or purple rash not associated with injury.</li> <li>5. The child meets other exclusion criteria.</li> </ol>	6. Exclusion criteria are resolved.

		<p>3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down.</p> <p>4. (and 5.) Bronchiolitis and Asthma: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in.</p> <p>5. See above.</p> <p>6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</p> <p>7. Object stuck in airway: Symptoms similar to croup (2 above)</p>				
<b>Earache</b>	<p>1. Bacteria or viruses</p> <p>2. Often occurs in context of common</p>	<p>1.Fever</p> <p>2.Pain or irritability</p> <p>3.Difficulty hearing</p>	Not necessary	<b>Yes</b>	<p><b>No, unless:</b></p> <ul style="list-style-type: none"> <li>• Unable to participate.</li> <li>• Care would compromise Staff's</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>

	cold	4. "Blocked ears" 5. Drainage 6. Swelling around ear			ability to care for other children. • Fever with behavior change.	
<b>Eye Irritation, Pinkeye</b>	1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)	1. Bacterial infection: Pink color instead of whites of eyes <i>and</i> thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3. (and 4.) Allergic and chemical irritation: red, tearing, itchy eyes; runny nose, sneezing; watery discharge.	<b>Yes, if</b> 2 or more children have red eyes with watery discharge	<b>Yes</b>	<i>For bacterial conjunctivitis</i> <b>No.</b> Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.  <i>For other forms</i> <b>No, unless:</b> • The child meets other exclusion criteria.  Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	• <i>For bacterial conjunctiviti</i> , once parent has discussed with health professional. Antibiotics may or may not be prescribed. • Exclusion criteria are resolved.
<b>Fever</b>	• Any viral, bacterial, or	Flushing, tired, irritable,	Not necessary	<b>Yes</b>	<b>No unless:</b>	• Able to

	<p>parasitic infection</p> <ul style="list-style-type: none"> <li>• Overheating</li> <li>• Reaction to medication (e.g., vaccine, oral)</li> <li>• Other noninfectious illnesses (e.g., rheumatoid arthritis, malignancy)</li> </ul>	<p>decreased activity</p> <p>Notes</p> <ul style="list-style-type: none"> <li>• Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks.</li> <li>• Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.</li> </ul> <p><b>Warning:</b> Do not give aspirin. It has been linked to an increased risk of Reye</p>		<ul style="list-style-type: none"> <li>• Behavior change.</li> <li>• Unable to participate.</li> <li>• Care would compromise Staff's ability to care for other children.</li> </ul> <p>Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are</p> <ul style="list-style-type: none"> <li>• 100°F (37.8°C) axillary (armpit)</li> <li>• 101°F (38.3°C) orally</li> <li>• 102°F (38.9°C) rectally</li> <li>• Aural (ear) temperature equal to oral or rectal temperature</li> </ul> <p><b>Get immediate medical attention</b> when infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.</p>	<p>participate</p> <ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
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		syndrome (a rare and serious disease affecting the brain and liver).				
<b>Headache</b>	<ul style="list-style-type: none"> <li>Any bacterial/viral infection</li> <li>Other noninfectious causes</li> </ul>	<ul style="list-style-type: none"> <li>Tired and irritable</li> <li>Can occur with or without other symptoms</li> </ul>	Not necessary	<b>Yes</b>	<p><b>No, unless:</b></p> <ul style="list-style-type: none"> <li>Child is unable to participate</li> </ul> <p>Note: <b>Notify health professional</b> in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her “belly button” (putting chin to chest) – different from soreness in the side of the neck.</p>	<ul style="list-style-type: none"> <li>Able to participate</li> </ul>
<b>Itching</b>	<ol style="list-style-type: none"> <li>Ringworm</li> <li>Chickenpox</li> <li>Pinworm</li> <li>Head lice</li> <li>Scabies</li> <li>Allergic or irritant reaction (eg, poison ivy)</li> <li>Dry skin or eczema</li> <li>Impetigo</li> </ol>	<ol style="list-style-type: none"> <li>Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp.</li> <li>Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable.</li> <li>Pinworm: Anal itching.</li> <li>Head lice: Small insects or white egg sheaths (nits) in hair.</li> <li>Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes.</li> </ol>	For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox	<b>Yes</b>	<p><i>For chickenpox, scabies, and impetigo</i> <b>Yes</b></p> <p><i>For ringworm and head lice</i> <b>Yes, at the end of the day</b></p> <ul style="list-style-type: none"> <li>Children should be referred to a health professional at the end of the day for treatment.</li> </ul> <p><i>For pinworm, allergic or irritant reactions, and eczema</i> <b>No, unless:</b></p> <ul style="list-style-type: none"> <li>Appears infected as a weeping or crusty sore</li> </ul>	<ul style="list-style-type: none"> <li>Exclusion criteria are resolved.</li> <li>On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to</li> </ul>

		<p>6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction).</p> <p>7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection.</p> <p>8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.</p>			<p>Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.</p>	<p>lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.</p>
<b>Mouth Sores</b>	<p>1. Oral thrush (yeast infection)</p> <p>2. Herpes or coxsackie virus infection</p> <p>3. Canker sores</p>	<p>1. Oral thrush: White patches on tongue and along cheeks</p> <p>2. Herpes or coxsackie virus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen,</p>	Not necessary	<b>Yes</b>	<p><b>No, unless:</b></p> <ul style="list-style-type: none"> <li>• Drooling steadily related to mouth sores.</li> <li>• Unable to participate.</li> <li>• Care would compromise Staff's ability to care for other children.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to participate</li> <li>• Exclusion criteria are resolved</li> </ul>

		painful lips 3.Canker sores: Painful ulcers on cheeks or gums				
<b>Rash</b>	Many causes 1.Viral: roseola infantum, fifth disease, chickenpox, herpes virus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2.Skin infections and infestations; ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) 3.Severe bacterial infections: meningococcus, pneumococcus, <i>Staphylococcus aureus</i> (MSSA, MRSA)	Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. 1.Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2.Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus. 3.Severe bacterial infections: Rare. These children have fever with rash and may be very ill.	For outbreaks	<b>Yes</b>	<b>No, unless:</b> • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness	<ul style="list-style-type: none"> <li>• Able to participate in daily activities.</li> <li>• On antibiotic medication at least 24 hours (if indicated).</li> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Sore Throat</b> (pharyngitis)	1. Viral – common cold viruses that cause upper respiratory infections	1.Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased	Not necessary	<b>Yes</b>	<b>No, unless:</b> • Inability to swallow. • Excessive drooling with breathing difficulty.	<ul style="list-style-type: none"> <li>• Able to swallow.</li> <li>• Able to participate.</li> <li>• On medication at</li> </ul>

	2. Strep throat	<p>appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.</p> <p>2.Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.</p>			<ul style="list-style-type: none"> <li>• Fever with behavior change.</li> <li>• The child meets other exclusion criteria.</li> </ul>	<p>least 24 hours (if strep)</p> <ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Stomachache</b>	<ol style="list-style-type: none"> <li>1. Viral gastroenteritis or strep throat</li> <li>2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder</li> </ol>	1.Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause	Not unless multiple cases in same group within 1 week.	<b>Yes</b>	<p><b>No, unless:</b></p> <ul style="list-style-type: none"> <li>• Severe pain causing child to double over or scream</li> <li>• Abdominal pain after injury</li> <li>• Bloody/black stools</li> <li>• No urine output for 8 hours</li> <li>• Diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Pain resolves.</li> <li>• Able to participate.</li> <li>• Exclusion criteria are resolved.</li> </ul>

		stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen.			<ul style="list-style-type: none"><li>• Vomiting</li><li>• Yellow skin/eyes</li><li>• Fever with behavior change</li><li>• Looks or acts very ill</li></ul>	
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**APPENDIX B**

**Meal Pattern Requirements**

**Breakfast – Select all three components**

Food Components	5 year olds	Ages 6-12
<b>1 milk</b> (fluid, low-fat or non-fat)	¾ cup	1 cup
<b>1 fruit /vegetable/juice</b> (if juice, must be full strength)	½ cup	½ cup
<b>1 grain/bread</b> (breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.) <ul style="list-style-type: none"> <li>• Bread or</li> <li>• Cornbread or biscuit or roll or muffin or</li> <li>• Cold dry cereal or</li> <li>• Hot cooked cereal or</li> <li>• Pasta or noodles or grains</li> </ul>	½ slice ½ serving 1/3 cup ¼ cup ¼ cup	1 slice 1 serving ¾ cup ½ cup ½ cup

**Lunch – select all four components**

Food Components	5 year olds	Ages 6-12
<b>1 milk</b> (fluid, low-fat or non-fat)	¾ cup	1 cup
<b>2 fruits /vegetables/juice</b> (if juice, must be full strength)	½ cup	¾ cup
<b>1 grain/bread</b> (Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.) <ul style="list-style-type: none"> <li>• Bread <i>or</i></li> <li>• Cornbread or biscuit or roll or muffin <i>or</i></li> <li>• Cold dry cereal <i>or</i></li> <li>• Hot cooked cereal <i>or</i></li> <li>• Pasta or noodles or grains</li> </ul>	½ slice ½ serving 1/3 cup ¼ cup ¼ cup	1 slice 1 serving ¾ cup ½ cup ½ cup
<b>1 meat/meat alternative</b> <ul style="list-style-type: none"> <li>• Meat or poultry or fish (edible portion only) <i>or</i></li> <li>• Alternative protein product <i>or</i></li> <li>• Cheese <i>or</i></li> <li>• Egg <i>or</i></li> <li>• Cooked dry beans or peas <i>or</i></li> <li>• Peanut or other nut or seed butters <i>or</i></li> <li>• Nuts and/or seeds (may only meet one-half of the total meat/meat alternative serving and must be combined with another meat/meat alternative to fulfill the requirement) <i>or</i></li> <li>• Yogurt (plain or flavored, sweetened or unsweetened)</li> </ul>	1 ½ oz. 1 ½ oz. 1 ½ oz. ¾ 3/8 cup 3 Tbsp. ¾ oz. 6 oz.	2 oz. 2 oz. 2 oz. 1 ½ cup 4 Tbsp. 1 oz. 8 oz.

**Snack – select two of the four components**

Food Components	5 year olds	Ages 6-12
<b>1 milk</b> (fluid, low-fat or non-fat)	½ cup	1 cup

<b>2 fruits /vegetables/juice</b> (if juice, must be full strength)	½ cup	¾ cup
<b>1 grain/bread</b> (breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.) <ul style="list-style-type: none"> <li>• Bread <i>or</i></li> <li>• Cornbread or biscuit or roll or muffin <i>or</i></li> <li>• Cold dry cereal <i>or</i></li> <li>• Hot cooked cereal <i>or</i></li> <li>• Pasta or noodles or grains</li> </ul>	½ slice ½ serving 1/3 cup ¼ cup ¼ cup	1 slice 1 serving ¾ cup ½ cup ½ cup
<b>1 meat/meat alternative</b> <ul style="list-style-type: none"> <li>• Meat or poultry or fish (edible portion only) <i>or</i></li> <li>• Alternative protein product <i>or</i></li> <li>• Cheese <i>or</i></li> <li>• Egg <i>or</i></li> <li>• Cooked dry beans or peas <i>or</i></li> <li>• Peanut or other nut or seed butters <i>or</i></li> <li>• Nuts and/or seeds (may only meet one-half of the total <i>or</i></li> <li>• meat/meat alternative serving and must be combined with another meat/meat alternative to fulfill the lunch requirement) <i>or</i></li> <li>• Yogurt (may be plain or flavored, sweetened or unsweetened)</li> </ul>	½ oz. ½ oz ½ oz. ½ 1/8 cup 1Tbsp. ½ oz.  2 oz.	1 oz. 1 oz. 1 oz. ½ ¼ cup 3 Tbsp. 1 oz.  4 oz.

Note: Children age 12 and older may be served larger portions based on their greater food needs.

Reference: [http://www.fns.usda.gov/sites/default/files/Child\\_Meals.pdf](http://www.fns.usda.gov/sites/default/files/Child_Meals.pdf)

## APPENDIX C

### Requirements for Outdoor Equipment

All equipment, materials, furnishings and play areas, indoors and out, shall be sturdy, safe, and in good repair and shall meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards:

#### Applicable U.S. Consumer Product Safety Commission (CPSC) Safety Standards:

**1) Protect children against openings that could entrap a child's head or limbs.**

To prevent entrapment, openings (such as openings in guardrails or between ladder rungs) on indoor and outdoor climbers and platforms shall be less than 3½ inches and greater than 9 inches

**2) Protect children using elevated surfaces.**

Elevated surfaces such as platforms, ramps and bridge-ways shall have guardrails or barriers that would prevent accidental falls. Equipment shall have guardrails protecting elevated surfaces between 30 inches and 48 inches high and protective barriers on platforms above 48 inches.

**3) Appropriate surfacing and use zones under and around climbable equipment.**

Use zones shall extend at least 6 feet around playground equipment and shall follow the accompanying chart for appropriate depth of impact materials. Loose fill materials shall be maintained and in good condition at all times. Grass, bare ground, asphalt and concrete are prohibited under playground structures. For swings, the surfacing materials shall extend, in back and in front, at least twice the height of the suspending bar.

**4) Ensure that the size and design of equipment is appropriate to the age and ability of the children using it.**

Most playground structures have a label indicating the age of children for whom the equipment is designed.

**5) Appropriate spacing between equipment.**

Equipment shall be spaced in accordance with manufacturers recommended use zones. The play area shall be arranged so children playing on one piece of equipment shall not interfere with children playing on another piece of equipment

**6) Protect against tripping hazards, like exposed concrete footings, tree stumps, and rocks.**

**7) Guard against components that can pinch, crush or sheer body tissues.**

All pieces of play equipment shall be designed so moving parts (such as suspension bridges,

track rides, swing components etc) shall be shielded or enclosed and checked to make sure there are no moving parts or mechanisms that might crush a child’s finger. Bicycles owned by the program shall have chain guards.

**8) Avoid equipment that is known to be a hazardous type (such as large animal swings).**

**9) Guard against sharp points or corners, protruding nails, bolts or other components that could entangle clothing or snag skin including but not limited to open S hooks and loose, rusty parts.**

**11) Protect children from flaking paint and/or paint that contains lead or other hazardous material.**

**12) Use zones shall extend at least 6 feet around playground equipment and shall have the following depths of loose-fill material at all times.** Refer to the chart below regarding appropriate cushioning depth. (For example, if the highest height a child can reach is 9 feet and the material used is uncompressed wood chips, a thickness of nine inches of uncompressed wood chips is required under and around play equipment to accommodate between a 7-10 foot drop from the equipment.)

Material	Uncompressed Depth			Compressed Depth
	6" depth	9" depth	12" depth	9" depth
Wood chips	Up to 7' drop	Up to 10' drop	Up to 11' drop	Up to 10' drop
Double Shredded Bark Mulch	6' drop	10' drop	11' drop	7' drop
Engineered Wood Fibers	6' drop	7' drop	>12' drop	6' drop
Fine Sand	5' drop	5' drop	9' drop	5' drop
Coarse Sand	5' drop	5' drop	6' drop	4' drop
Fine Gravel	6' drop	7' drop	10' drop	6' drop
Medium Gravel	5' drop	5' drop	6' drop	5' drop
Shredded Tires	10'-12' drop	N/A	N/A	N/A

**Reference:** <http://www.cpsc.gov/en/Safety-Education/Safety-Guides/Sports-Fitness-and-Recreation/Playground-Safety/Public-Playground-Safety-Checklist/>

APPENDIX D

Staff Files Affidavit

Date: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Afterschool Child Care Program: \_\_\_\_\_

Location: \_\_\_\_\_

I, \_\_\_\_\_, verify that I have reviewed the Afterschool Child Care Program Staff Files to ensure compliance with the Licensing Regulations for Afterschool Child Care. I have found all required documentation to be complete for the Staff members listed below, which includes:

1. Start date;
2. Job title;
3. Record of education, training and experience verifying that the Staff member is qualified according to regulations and is current regarding professional development annual requirements for their position;
4. Signed statement (s) indicating that the employee has read and understands the Licensing Regulations;
5. A copy of the current (unexpired) First Aid and CPR training cards from either the American Red Cross or American Heart Association or other organization(s) recognized by the Child Development Division;
6. A signed and dated written statement indicating that:
  - a. the individual is aware that the abuse and/or neglect of a child is against the law and
  - b. the individual received training regarding the legal requirements concerning child abuse and neglect including making a report to the Department within 24 hours.

Staff for whom complete files are being verified:

_____	_____
_____	_____
_____	_____
_____	_____

Notary:

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Notary number: \_\_\_\_\_

Child Development Division  
Department for Children and Families  
103 South Main Street, 3 North  
Waterbury, VT 05671-5500